Warrick County Council Ordinance Number 2017-<u>04</u> WARRICK COUNTY, INDIANA 2018 SALARY ORDINANCE

WHEREAS, Indiana Code 36-2-3-7, Indiana Code 36-2-5-11, and Indiana Code 6-1.1-17-5 require that annually, on any date after August 15, but before November 1st, the Warrick County Council, hereinafter also referred to as "the Council", adopt an ordinance fixing the compensation for all County officers, deputies, and other employees;

WHEREAS, pursuant to Indiana Code 36-2-5-3 the Council has the power to fix the number, job classifications, and compensation of officers, deputies, and employees;

NOW, THEREFORE BE IT ORDAINED that the Council hereby adopts the 2017 Salary Ordinance:

SECTION 1. FACTOR EVALUATION SYSTEM JOB CATEGORIES

Each position is assigned to a job category according to established criteria. The job categories as established by the job classification system are as follows:

| COMOT | Clerical, Office Machine Operators, Technician |
|-------|--|
| LTC | Labor, Trades and Crafts |
| PAT | Professional, Administrative, Technological |
| POLE | Protective Occupations and Law Enforcement |
| SO | Special Occupations |
| SE | Special Excluded |
| SPEX | Special Exempt |
| | |

All SO, SE, and SPEX positions are classified as exempt positions and are not allowed to be compensated monetarily for overtime.

SECTION 2: FACTOR EVALUATION SYSTEM JOB FACTORING

The Factor Evaluation System, hereinafter also referred to as "FES" only compares a position to jobs within the same job category. For example, COMOT jobs cannot be compared to PAT jobs.

SECTION 3: PERSONNEL COMMITTEE

The Warrick County Personnel Committee, hereinafter also referred to as "the Committee", is established to oversee job classification maintenance procedures, study the job classification system and job descriptions, review compensation policies and schedules, and make recommendations to the Council concerning such matters.

The Committee shall have three (3) voting members as follows:

Three (3) County Council members, to be appointed by the Council. The appointed members shall serve on the Committee until December 31, 2017. The Committee shall elect a Chairperson and a Vice Chairperson from its own membership. The Chairperson shall preside at the meetings of the Committee, and in the absence of the Chairperson, the Vice Chairperson shall preside. The Council shall establish committee policies and procedures.

The Council or the Council's designee shall serve as Secretary for the Committee and shall prepare and post the agenda and give notices as required by the Indiana Open Door Law.

SECTION 4: FAIR LABOR STANDARDS ACT

The salary and hourly pay rates of all classified jobs are established on a forty (40) hour work week, pursuant to the provisions of the Federal Fair Labor Standards Act (FLSA). The County has established timekeeping and payroll policies and procedures to comply with applicable provisions of the FLSA. A listing of all classified positions and their status under the FLSA is on file in the Auditor's office and is incorporated as part of this ordinance.

SECTION 5: WARRICK COUNTY COMPENSATION SCHEDULES

- 1. Pay schedules for each job category are attached to this Salary Ordinance and are hereby adopted.
- Pay steps are determined by employee longevity as of January 1. In the event that a position becomes vacant, a current County employee who is appointed to the position shall be compensated at the appropriate step for the new position according to his/her eligible County service.
- 3. All employees hired after January 1, 2004 will be compensated at the initial rate for the position and will receive longevity pay based upon the initial hire rate calculated on a three year interval at the pay rate of \$250.00 per three year interval as follows:

| YEARS | LONGEVITY PAY |
|--------------------------------------|--|
| 5 8 11 14 17 20 23 | \$ 250.00 \$ 500.00 \$ 750.00 \$ 1,000.00 \$ 1,250.00 \$ 1,750.00 |
| 26 29 | \$ 2,000.00 \$ 2,250.00 |

Any deviation from the salaries specified herein shall be made only after a request to the Council for approval.

Job classifications and salary classes are based on the evaluation of the job description for each position.

WARRICK COUNTY COUNCIL

Cary Mayer President

Warred Trackn

David Hachmeister

Paul Rudolph

Charles Christmas

Deborah Stevens

Greg Richmond, Vice President

Ted Metzger

Brad Overton

WARRICK COUNTY INDIANA 2018 Employee Salary Schedule

2018 Proposed COMOT Annual Pay Schedule

| | | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 | STEP 7 |
|----------------|------------|--------------|---------|----------------|----------|----------|----------|----------|
| Classification | INITIATION | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER |
| Pay Grade | Hire Date | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | 20 YEARS | 25 YEARS |
| I | 34,957 | 36,115 | 37,330 | 38,607 | 39,679 | 40,793 | 41,324 | 41,854 |
| II | 32,601 | 33,651 | 34,755 | 35,913 | 36,887 | 37,899 | 38,429 | 38,960 |
| III | 30,393 | 31,345 | 32,344 | 33,384 | 34,275 | 35,192 | 35,722 | 36,253 |
| IV | 28,682 | 29,557 | 30,476 | 31,439 | 32,249 | 33,092 | 33,622 | 34,153 |
| V | 26,615 | 27,398 | 28,218 | 29,078 | 29,803 | 30,545 | 31,085 | 31,616 |

2018 Proposed LTC Annual Pay Schedule

| | | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 | STEP 7 |
|----------------|------------|--------|---------|---------|----------|--------------|--------------|--------------|
| Classification | INITIATION | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER |
| Pay Grade | Hire Date | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | 20 YEARS | 25 YEARS |
| I | 37,133 | 38,365 | 39,682 | 41,064 | 42,226 | 43,131 | 43,662 | 44,192 |
| II | 36,683 | 37,918 | 39,216 | 40,306 | 41,439 | 42,323 | 42,853 | 43,384 |
| III | 35,803 | 36,520 | 37,752 | 39,045 | 40,132 | 40,980 | 41,510 | 42,040 |
| IV | 33,367 | 34,019 | 35,136 | 36,487 | 37,297 | 38,067 | 38,597 | 39,128 |
| V | 31,645 | 32,249 | 33,288 | 34,378 | 35,294 | 36,008 | 36,538 | 37,069 |
| VI | 29,609 | 30,159 | 31,103 | 32,094 | 32,927 | 33,576 | 34,106 | 34,637 |
| VII | 25,721 | 26,462 | 27,283 | 28,058 | 28,916 | 29,817 | 30,348 | 30,878 |

2018 Proposed PAT Annual Pay Schedule

| | | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 | STEP 7 |
|----------------|------------|--------------|---------|----------------|--------------|--------------|--------------|--------------|
| Classification | INITIATION | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER |
| Pay Grade | Hire Date | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | 20 YEARS | 25 YEARS |
| 1 | 55,588 | 57,511 | 59,766 | 62,133 | 64,618 | 66,167 | 67,759 | 68,289 |
| II | 47,969 | 49,714 | 51,544 | 53,467 | 55,486 | 56,640 | 58,136 | 58,667 |
| III | 38,756 | 40,083 | 41,479 | 42,944 | 44,944 | 47,238 | 47,768 | 48,299 |
| IV | 36,117 | 37,326 | 38,596 | 39,930 | 41,331 | 42,801 | 43,331 | 43,862 |
| V | 33,243 | 34,323 | 35,457 | 36,647 | 37,898 | 39,212 | 39,743 | 40,273 |
| VI | 28,183 | 29,035 | 29,929 | 30,868 | 31,855 | 32,890 | 33,420 | 33,951 |

2018 Proposed SPECIAL EXEMPT AND NON EXEMPT Annual Pay Schedule

'Those earning above the FLSA minimum requirement are exempt employees

| | | STEP 1 | STEP 2 | STEP 3 | STEP 4 | STEP 5 | STEP 6 | STEP 7 |
|----------------|------------|--------|---------|----------------|----------|----------|----------|----------|
| Classification | INITIATION | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER | AFTER |
| Pay Grade | Hire Date | 1 YEAR | 3 YEARS | 5 YEARS | 10 YEARS | 15 YEARS | 20 YEARS | 25 YEARS |
| 1 | 53,009 | 53,327 | 53,645 | 53,964 | 54,282 | 54,600 | 55,131 | 55,661 |
| II | 48,900 | 49,219 | 49,537 | 49,855 | 50,173 | 50,492 | 51,022 | 51,553 |
| III | 48,232 | 48,550 | 48,868 | 49,187 | 49,505 | 49,823 | 50,354 | 50,884 |
| IV | 47,880 | 48,198 | 48,516 | 48,834 | 49,153 | 49,471 | 50,001 | 50,532 |
| V | 44,652 | 44,970 | 45,288 | 45,606 | 45,925 | 46,243 | 46,773 | 47,304 |
| VI | 44,303 | 44,622 | 44,940 | 45,258 | 45,576 | 45,895 | 46,425 | 46,956 |
| VII | 41,415 | 41,734 | 42,052 | 42,370 | 42,688 | 43,007 | 43,537 | 44,068 |
| VIII | 40,592 | 40,911 | 41,229 | 41,547 | 41,865 | 42,184 | 42,714 | 43,245 |

The longevity pay schedule shown above is used to calculate all employees hired before January 1, 2004.

Revised October, 2017

2018 Proposed COMOT Annual Pay Schedule

| Pay Grade | | 5 years | 8 years | 11 years | 14 years | 17 years | 20 years | 23 years | 26 years | 29 years | 32 years | 35 years | 38 years |
|-----------|--------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| - | 34,957 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| = | 32,601 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| Ш | 30,393 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| < | 28,682 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| < | 26,615 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |

2018 Proposed LTC Annual Pay Schedule

| Massilleanol | INITIALION | | | | | | | | | | | | |
|--------------|------------|---------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Pay Grade | Hire Date | 5 years | 8 years | 11 years | 14 years | 17 years | 20 years | 23 years | 26 years | 29 years | 32 years | 35 years | 38 years |
| - | 37,133 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| = | 36,683 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| = | 35,803 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| ~ | 33,367 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| ٧ | 31,645 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| ۷I | 29,609 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| ≦ | 25,721 | 250 | 500 | 750 | 1,000 | 1,250 | 1,500 | 1,750 | 2,000 | 2,250 | 2,500 | 2,750 | 3,000 |
| | | | | | | | | | | | | | |

2018 Proposed PAT Annual Pay Schedule

Classification INITIATION

| _ | _ | _ | _ | _ | _ | 1 |
|----------|--------|--------|--------|--------|--------|-----------|
| ≤ | < | < | = | = | _ | Pay Grade |
| 28,183 | 33,243 | 36,117 | 38,756 | 47,969 | 55,588 | Hire Date |
| 250 | 250 | 250 | 250 | 250 | 250 | 5 years |
| 500 | 500 | 500 | 500 | 500 | 500 | 8 years |
| 750 | 750 | 750 | 750 | 750 | 750 | 11 years |
| 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 14 years |
| 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 17 years |
| 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 20 years |
| 1,750 | 1,750 | 1,750 | 1,750 | 1,750 | 1,750 | 23 years |
| 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 26 years |
| 2,250 | 2,250 | 2,250 | 2,250 | 2,250 | 2,250 | 29 years |
| 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 32 years |
| 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 35 years |
| 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 38 years |

2018 Proposed SPECIAL EXEMPT & Non Exempt Annual Pay Schedule

Those earning above the FLSA minimum requirement are exempt employees

Classification INITIATION

| VIII | VII | ≤ | < | < | = | = | - | Pay Grade |
|--------|--------|----------|--------|--------|--------|--------|--------|-----------|
| 40,592 | 41,415 | 44,303 | 44,652 | 47,880 | 48,232 | 48,900 | 53,009 | Hire Date |
| 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 5 years |
| 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 8 years |
| 750 | 750 | 750 | 750 | 750 | 750 | 750 | 750 | 11 years |
| 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 14 years |
| 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 1,250 | 17 years |
| 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 1,500 | 20 years |
| 1,750 | 1,750 | 1,750 | 1,750 | 1,750 | 1,750 | 1,750 | 1,750 | 23 years |
| 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 26 years |
| 2,250 | 2,250 | 2,250 | 2,250 | 2,250 | 2,250 | 2,250 | 2,250 | 29 years |
| 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 | 32 years |
| 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 35 years |
| 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 3,000 | 38 years |

The longevity pay schedule shown above is used to calculate all employees hired on or after January 1, 2004.

The employee will be compensated at the initial rate for the position with \$250 increment increases at each step.

For example: If an employee is a COMOT II and has been with the county for 11 years, the calculation would be 32601 + 750 = 33351.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification Pay Gra | n and d Position | Pay Range Schedule Low | High |
|---------------------------|---------------------------|---------------------------|----------------|
| | Clerk | | \$47,848.00 |
| SE | First Deputy | | \$38,812.00 |
| COMOT III | Deputies (8) | \$30,393.00 | \$36,253.00 |
| COMOT IV | Administrative Clerks (4) | \$28,682.00 | \$34,153.00 |
| | Part Time Clerical | | 10.00 per hour |
| | Part Time Child Support | | 10.00 per hour |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts County Form No 144

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALE | NDAR YEAR | 2018 | | |
|--|------------------------|-------------------|------------------------|-----------------------|
| (Name of Office, Department, Boar | rd or Agency) | | Wa | rrick County, Indiana |
| | | | | |
| The following statement shows the sala | ries and wages propo | sed to be paid to | o officers and employe | ees of the |
| above named office, department board or ag | gency during the calen | dar year: | 2018 | |
| FULL TIM | E SALARIED OFFI | CERS AND EN | MPLOYEES | |
| Title of Position | | | Rate of | Total Annual |
| or Employee Classification | | Number | Monthly Salary | Salaries |
| Maggan Bradford | | | 2337.92 | 30,393.15 |
| Michele Broivosel | | | 26310.56 | 34,275.31 |
| ancie Children | | | 2418.44 | 31.439.72 |
| Fanotte Claw Lord | | | 2337.92 | 30,393.15 |
| semiler Dobber | | - | 2707.06 | 35,192.01 |
| Supran Descett | | | 2707.06 | 35,192.01 |
| Boxala Drees | | | 2747.88 | 35,722.46 |
| Shaun Yau | | | 2480.70 | 32,249,30 |
| Johna Wices | | | 2586.36 | 33.422.29 |
| Wester Lubbe husen | | | 2265.76 | |
| Altotals Model | | | 2636.56 | 34, 275.31 |
| PART T | IME AND HOURLY | RATED EMP | LOYEES | 302,209.66 |
| Title of Position | INIL AND HOUSE | TOTAL EIMI | LOTELO | |
| or Employee Classification | | | Rate of | f Pay* |
| Dan Oshler | | | 10.30 | Per Hour |
| Phyllis Hends | | | 10.30 | Per Hour . |
| Ruth Miller | | · | 10.30 | Per Hour |
| | | - | | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. | | | . 1 | |
| | Submitted by: | | i Kelle | ly |
| Date: (1-29-17 | <u>.</u> | Chea | Doputz | Clark |
| O . | | | (Title) | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | Position | Pay Range Schedule Low | e High |
|---------------------------------|--------------------------|---------------------------|----------------|
| | Auditor | | \$50,582 |
| SE | First Deputy | | \$41,004 |
| COMOT II | Second Deputy | \$32,601 | \$38,960 |
| COMOT III | Deputies (5) | \$30,393 | \$36,253 |
| COMOT IV | Secretary | \$28,682 | \$34,153 |
| COMOT IV | Administrative Clerk (2) | \$28,682 | \$34,153 |
| COMOT V | Clerical (1) | \$26,615 | \$31,616 |
| | Part Time Clerical | | 10.00 per hour |

Stehozish & Several

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| PROPOSED TO BE PAID OFFICE | RS AND EMPLOTEES | | |
|--|------------------------------------|-------------------|-----------------|
| CALENDAR YEAR _ | | С | ounty, Indiana |
| | WARRICK | | |
| COUNTY AUDITOR (Name of Office, Department, Board or Agency) | | of the 8 | above named |
| (Name of Office, Department, Board on S | posed to be paid to officers and e | employees of the | |
| COUNTY AUDITOR (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages property to a statement, board or agency during the calendar year | | | |
| The following statement shows the salaries and wager offices, department, board or agency during the calendar year | = =MDLOVEES | | |
| EUL TIME SALARIES O | FFICERS AND EMPLOYEES | Rate of | Total Annual |
| 101 | | Monthly Salary | Salaries |
| Title of Position | Number | | \$ 50,583.00 |
| or Employees Classification | 102-4111.00\$_ | DEBBIE . | \$ 41,005.00 |
| | 102-4111.50 | BJ | \$ 38,960.00 |
| AUDITOR | 102-4112.00 | LAURA | \$ 28,683.00 |
| CHIEF DEPUTY | 102-4112.50 | KRISTINE | \$ 30,394.00 |
| SECOND DEPUTY OFFICIAL RECORDING SECRETARY | 102-4115.10 | SARA | \$ 30,394.00 |
| OFFICIAL RECORDING | 102-4115.20 | HEATHER | \$ 30,394.00 |
| DEPUTY DEPUTY/TAX BILLING (Upgrade from Clerical) | 102-4115.30 | DREW | \$ 30,394.00 |
| DEPUTY | 102-4115.40 | LORIN | \$ 30,394.00 |
| DEPUTY | 102-4115.50 | NEW | \$ 30,394.00 |
| | 102-4115.55 | CARRIE | \$ 30,394.00 |
| to Dayahle/Geliela 200 | 102-4115.60 | PAUL | \$ 30,394.00 |
| DEPUTY (Accounts Payable Payab | 102-4115.70 | KIERSTEN | \$ 26,616.00 |
| MAPPING CLERK | 102-4114.00 | | \$ 428,999.00 |
| CLERICAL | | | |
| | | | |
| | D HOURLY RATED EMPLOYE | <u> </u> | |
| PART TIME. | | | |
| | | Rate of Pa | <u>L</u> * |
| Title of Position or Employee Classification | | | HOUR |
| OI Entibles | \$ 10 | .00Per_ | HOUR |
| | | | |
| PART TIME - Ann Brown | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Show rate of pay per month, week, day, hour, etc | | | |
| | | | |
| | submitted By: | (Signature) | |
| D | upilineos. ", | \-0 | |

Treasurer

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| nd Position | | Pay Range Schedule Low | | Mthly Pay |
|--------------------|--|---|---|---|
| Treasurer | | | \$47,848.00 | \$3,987.33 |
| First Deputy | | | \$38,812.00 | \$3,234.33 |
| Deputies (2) | | \$30,393.00 | \$36,253.00 | \$3,021.08 |
| Part Time Clerical | | | 10.00 per hou | ır |
| | Position Treasurer First Deputy Deputies (2) | Position Treasurer First Deputy Deputies (2) | Position Low Treasurer First Deputy Deputies (2) \$30,393.00 | Position Low High Treasurer \$47,848.00 First Deputy \$38,812.00 Deputies (2) \$30,393.00 \$36,253.00 |

Date: October 19, 2017

Auditor

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

| COUNTY TREASURER , | , WARRICK | | | County, Indian | | |
|---|------------|-------------|--------------------|-------------------------------------|-------|------------------------------------|
| (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed offices, department, board or agency during the calendar year. | to be paid | to officers | and e | mployees of t | he ab | ove named |
| FULL TIME SALARIES OFFICE | RS AND E | MPLOYEE | <u>s</u> | | | |
| Title of Position or Employees Classification | <u>Nu</u> | mber | | Rate of Monthly <u>Salary</u> | | Total Annual <u>Salaries</u> |
| TREASURER | | 1 | \$ | 3,987.30 | \$ | 47,847.62 |
| CHIEF DEPUTY | | 1 | \$ | 3,234.37 | \$ | 38,812.46 |
| DEPUTIES | | 2 | \$ | 5,087.00 | \$ | 61,043.98 |
| | _ | | | | _\$_ | |
| Totals | _ | | | | \$ | 147,704.06 |
| Title of Position or Employee Classification | | | R | ate of Pay* | | |
| PART TIME | _ \$ _ | 10.30 | | Per | Anı | nual |
| Part time Clerk | | 10.30 | | HR | \$ | 11,767.75 |
| Part time Clerk | | 10.30 | | | \$ | 11,767.75 |
| TOTAL PART TIME EXPENSE *Show rate of pay per month, week, day, hour, etc | | | | | \$ | 23,535.50 |
| TOTAL SALARIED AND HOURLY EXPENSE | | | | | \$ | 171,239.56 |
| Submitted By: | 4 | real | gnatúro (Title) | y Loan | ^_ | |

NOTES:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated. Therefore, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board of agency within 3 days after action thereon by the County Council.

Recorder

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification Pay Grad | | ī | ge Schedule Rate of Mthly Pay | | Rate of Mthly Pay |
|----------------------------|----------------------------|-------------|-------------------------------------|----------------|----------------------|
| | Recorder | | | \$47,848.00 | \$3,987.33 |
| SE | First Deputy | | | \$38,812.00 | \$3,234.33 |
| COMOT III | Deputy (1) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT III | Deputy (1 at 80%/20% Perp) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| | Part Time Clerical | | | 10.00 per hour | |
| COMOT III | Deputy (1 at 20%/80% Perp) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |

| 20 | 1 | 8 | |
|----|---|---|--|
| | | - | |

| | | WARRICK | | Cou |)tve |
|---|--|----------------------|-------------------------------------|--------------|------------|
| unty Recorder (Name | e of Office, Department, Board or Agency) | | | | |
| The following stateme offices, department, board of | ent shows the salaries and wages prop or agency during the calendar year. | osed to be paid to c | fficers and employees | s of the abo | ✓e - |
| or l | Title of Position Employees Classification | | Rate of Monthly <u>Salary</u> | | To An i |
| Pat A. Brooks | Recorder | 1 | 3,967.92 | \$ | 47 |
| Mitzi Kaufman | Chief Deputy | 1 | 3,218.67 | | 38 |
| Deputy | C Kaiser | 1 | 2,962.59 | \$ | 35 |
| Deputy | C Payne | 1 | 2,520.48 | \$ | 30 |
| Deputy | G Schapker | 1 | 2,520.48 | \$ | 30 |
| Борил | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Totals | | | \$ | 190 |
| | Totale | | | | 182, |
| | | | | | |
| | | | | | |
| | Title of Position or Employee Classification | | Rate of Pa | <u>*v</u> | |
| DADT TIME | | \$10.0 |)Per_ | Н | OUR |
| PART TIME Clerical & Back 1 | ndexers | \$\$ | Per_ | 1,456 | |
| Cierical & Daok 1 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Pay Range So | | Rate of | | |
|----------------------------|--------------------------|--------------|----------------------|---------------|------------|--|
| Classification Pay Grad | and Position | Low | Rate of Mthly Pay | | Mthly Pay | |
| , | Assessor | | | \$50,848.00 | \$4,237.33 | |
| COMOT II | Office Administrator | \$33,101.00 | \$2,758.42 | \$39,460.00 | \$3,288.33 | |
| SE | First Deputy | | | \$40,312.00 | \$3,359.33 | |
| COMOT III | Deputies (4) | \$31,893.00 | \$2,657.75 | \$37,753.00 | \$3,146.08 | |
| COMOT IV | Administrative Clerk (1) | \$28,682.00 | \$2,390.17 | \$34,153.00 | \$2,846.08 | |
| | Part Time Clerical | | | 10.00 per hou | r | |

Date: October 19, 2017

Auditor

| CALENDAR YEAR | A DDIC | C C | ounty, Indiana |
|---|-----------------------------|-------------------------------------|---------------------------|
| . 22522P | WARRIC | | |
| ASSESSOR (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed the calendar year. | d to be paid to officers an | d employees of the | above named |
| offices department, board or ag | | | |
| FULL TIME SALARIES OFFIC | ERS AND EMPLOYEES | Date of | Total |
| | <u>Number</u> | Rate of Monthly <u>Salary</u> | Annual <u>Salaries</u> |
| Title of Position or Employees Classification | 1 | \$1,956.83 | \$50,877.62 |
| SARAH REDMAN | | \$1,551.06 | \$40,327.46 |
| HOLLY KEY | | \$1,497.86 | \$38,944.30 |
| LANA LOCKHART | | \$1,272.76 | \$33,091.84 |
| MENDY FRAZIER | | \$1,373.35 | \$35,707.01 |
| DEANNA MCCANDLESS | | \$1,377.13 | \$35,805.31 |
| KATHRYN HEMMER | $ \frac{1}{1}$ | \$1,257.37 | \$32,691.74 |
| CARRIE SULAWSKE | | \$1,247.62 | \$32,438.24 |
| BARBI SHELTON | | - | |
| Totals | | \$11,533.98 | \$299,883.52 |
| PART TIME AND HOU | RLY RATED EMPLOYEE | <u>:S</u> | |
| | | Rate of Pay* | |
| Title of Position <u>or Employee Classification</u> | | | į. |
| | \$ | 10.00 Per | HOUR |
| PART TIME | | | MEETING |
| TIDOA MEMBER | | 75.00 Per | |
| PTABOA MEMBER | | | |
| | | | |
| | | | |
| *Show rate of pay per month, week, day, hour, etc *Show rate of pay per month, week, day, hour, etc *Show rate of pay per month, week, day, hour, etc | ed By: |) (Signature) | Hode |
| | | anni Da | ns) |

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| (| Classification a | | Pay R | ange Schedule Rate of Mthly Pay | High | Rate of Mthly Pay |
|----|------------------|--------------------------|-------|---------------------------------------|----------------|----------------------|
| | Pay Grade | Position | LOW | initing 1 mg | | |
| | | Surveyor | | | \$42,887.00 | \$3,573.92 |
| SC |) | Chief Deputy | | | \$5,834.00 | \$486.17 |
| Ex | cluded | First Deputy | | | \$38,812.00 | \$3,234.33 |
| | | Legal Allowance | | | \$1,089.00 | \$90.75 |
| | | Section Corner Reference | | | \$3,872.00 | \$322.67 |
| | | Part Time Clerical | | | 10.00 per hour | |

County Form No 144

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

2018

CALENDAR YEAR

| | | | - | | |
|---|---------------------|---|---------------------------|---------|---------------------------------|
| SULYEJOR_ | | , | W | arrick | County, Indiana |
| (Name of Office, Department, Boar | d or Agency) | | | | |
| The following statement shows the sala | ries and wages pro | posed to be paid to | officers and emplo | yees of | f the |
| above named office, department board or ag | ency during the cal | endar year: | 2018 | _ | |
| EIU I TIRRI | | | | | |
| Title of Position | E SALARIED OF | -ICERS AND EN | - | | T. (. (A) |
| or Employee Classification | | Number /COO | Rate of Monthly Salary | | Total Annual <u>Salaries</u> |
| SULVEYOR | 100 | D-4111.00 | | L | 62,737.79 |
| CHUEF DEPUTU | 104 | <u>-4111.50</u> | | | 5.834.9 |
| FIRST DEPUTY | | 6-4112.00 | | 3 | 38812.40 |
| LEGAL ALLOWANCE-SI | | 0-4119.00 | 41.88 | . ~ | 108900 |
| SECTION COURS REFERENCE | 7 | Do-4119.10 | | - | 3 872 0 |
| - Carrett | <u> </u> | <u> </u> | 118.100 | | 2000 |
| | | | | | |
| | | | - | | |
| | | - | | - | |
| | | | - | | |
| Totals | | | | 1 | 2012 |
| Totals | | | e e | 4.9 | 2,340.0C |
| PART TI Title of Position | ME AND HOURL | Y RATED EMPL | OYEES | | |
| or Employee Classification | | | Rate o | of Pay* | |
| | | | | Per | Hour |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Per | Hour . |
| | | | | Per | Hour |
| | | • | | Per | Hour |
| Show rate of pay per month, week, day, hour, etc. | | | | - | |
| | Submitted by: | | | | |
| | | - | (Signature) | | |
| Date: | | | | | |
| N-4 | | | (Title) | | |
| Notos: | | | | | |

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, except. | | Pay Range Schedule | • | |
|---------------------------------|--------------------|--------------------|---------------|----------------------|
| Classification and Pay Grade | Position | Low | High | Rate of Mthly Pay |
| | Coroner | | \$27,553.00 | \$2,296.08 |
| | Part Time Deputy | | \$12.75 PER | HOUR |
| | Part Time Coverage | | \$8.00 Per Ho | our |
| | | | | |
| | Autopsies | | \$30,000.00 |) |
| | | | | |

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

| | | | County, Indiana | 1 |
|---|-------------|------------------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | _ Oddrity, indiana | |
| The following statement shows the salaries and wages pathe above named office, department, board or agency during | proposed to | be paid to offic dar year | cers and employe | ees of |
| FULL TIME SALARIED O | FICERS AI | ND EMPLOYE | ES . | |
| Title of Position or Employee Classification | | Number | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | | |
| | | | | |
| | | - | | |
| | - | | | |
| | | | | |
| | | | | |
| Totals | | | | |
| PART TIME AND HOUR | LY RATED | EMPLOYEES | i | |
| Title of Position or Employee Classification | | | Rate of Pay | |
| | | | Per | |
| | | | Per _ | |
| | | | Per | |
| | | | Per _ | |
| | | | Per _ | |
| rate of pay per month, week, day, hour, etc. | | | Per _ | |
| Cultural Inc. | | | | |
| Submitted By: | | | | D. |
| | | | | |

NOTES:

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, except: | | Pay Ran | ge Schedule | | | | |
|----------------------|--------------------------------|-------------|-------------------|----------------|--|--|--|
| Classification a | | Low | Rate of Mthly Pay | High | Rate of Mthly Pay | | |
| i dy Ciado | 1 controll | | ,, | ~ | • | | |
| | Prosecutor | | | \$5,000.00 | | | |
| SO | Chief Deputy | | | \$5,000.00 | | | |
| SO | First Deputy Criminal Division | | | \$79,059.00 | \$6,588.25 | | |
| so | Deputy Criminal Division(2) | | | \$59,008.00 | \$4,917.33 | | |
| so | Felony Deputy | | | \$59,008.00 | \$4,917.33 | | |
| COMOT III | Administrative Assistant (3) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 | | |
| | Part Time Clerical | | | 10.00 per hour | | | |
| | | 004.057.00 | 00.040.00 | 044.054.00 | 62.487.82 | | |
| COMOTI | Paralegal | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 | | |
| SO | Investigator/Felony Support | | | \$44,413.00 | | | |
| | | | | | | | |
| | Witness Fees | | | \$2,000.00 | | | |
| so | Felony Deputy Drug Crime Grant | | | \$13,476 | From Grant \$45,532 | | |
| Comot I | Paralegal | \$34,957 | | \$41,854 | \$4,564 from Pretrial & \$30,643 from Prosecutor | | |

County Form No 144

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018 Warrick County, Indiana Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department board or agency during the calendar year: 2018 FULL TIME SALARIED OFFICERS AND EMPLOYEES Title of Position Rate of Total Annual or Employee Classification Number Monthly Salary Salaries 5000 186,000 Totals 551.601 PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay* Per Hour Per Hour Per Hour Per Hour *Show rate of pay per month, week, day, hour, etc.

(Signature)

for (Title)

Notes:

Date:

6/30/17

(1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.

Submitted by:

- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Pay Range Schedule

| | | r ay itai | ige ochedule | | | |
|---------------------|--------------------------|-------------|----------------------|---------------|----------------------|--|
| Classifica Pay C | tion and Position | Low | Rate of Mthly Pay | | Rate of Mthly Pay | |
| COMOT III | Administrative Clerk (2) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 | |
| COMOTI | IV-D Administrator | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 | |
| | Part Time Clerical | | 10 | 0.00 per hour | | |

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

| | | County, Indiana | |
|---|------------------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | |
| The following statement shows the salaries and wages proposed to the above named office, department, board or agency during the caler | o be paid to officendar year | ers and employe | es of |
| FULL TIME SALARIED OFFICERS A | AND EMPLOYE | <u>ES</u> | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | 3-04-00-00-00-70 | | <u> </u> |
| PART TIME AND HOURLY RATE | D EMPLOYEES | i | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| | | Per | |
| | | Per | |
| | | Per Per | |
| * Show rate of pay per month, week, day, hour, etc. | | | |
| Submitted By: | | | |
| Date: | | | |

NOTES:

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification a | nd | Pay Range | Schedule Rate of | | Rate of |
|------------------|---|-------------|---------------------|---------------|--------------------------------------|
| Pay Grade | N 1000 | Low | Mthly Pay | High | Mthly Pay |
| | Judge | | | \$5,000.00 | \$416.67 |
| COMOTI | Court Reporter | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| COMOT III | Court Reporter 20% Circuit 80% User fee | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT III | Juvenile Reporter | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT III | Clerk Report Stenotype | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| SO | Probation Officer Adult | | | \$56,532.00 | \$4,711.00 % also from user fee |
| SO | Probation Officer Juvenile | | | \$56,532.00 | \$4,711.00 % also from user fee |
| COMOTI | Bailiff/Court Administrator | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 10000 also from fund 1211 |
| COMOTI | Guardian ad Litem (2) | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 10000 also from fund 1211 |
| | Pauper Counsel | | | \$95,000.00 | |
| | Per Diem Petit Jury | | | \$10,000.00 | |
| | Pauper Defendent Documents | | | \$20,000.00 | |
| | CASA Grant Match | * | | \$60,000.00 | |
| | Part Time Clerical | | 1 | 0.00 per hour | |
| | Court Interpreters | | | 1000.00 | |

County Form No. 144

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

Warrick Circuit Court, Warrick County, Indiana

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2018:

| FULL TIME SALARIED OFFICERS | AND EMPLOYEES | | |
|--|---------------------------------|------------------------|---------------------|
| Title of Position | | Rate of | Total Annual |
| or Employee Classificiation | <u>Number</u> | Monthly Salary | <u>Salaries</u> |
| Judge, Circuit Court | 110-4111.10 | | \$5,000.00 |
| Court Reporter Sarah Ellard | 110-4112.00 | \$3,399.43 | \$40,793.15 |
| Bailiff/Court Administrator Carolyn Ditter | 110-4113.00 | \$2,977.47 | \$35,729.67 |
| Probation Officer-Adult Michele Busing | 2000-000-4100.00 110-4114.00 | \$416.67 \$4,711.00 | \$61,532.00 |
| Juvenile Probation Officer Carol Ruff | 2000-000-4100.10 110-4115.00 | \$416.67 \$4,711.00 | \$61,532.00 |
| Clerk Reporter Juvenile-Probation Katy Kay | 110-4116.00 | \$2,532.77 | \$31,651.00 |
| Clerk Reporter-Stenotype Brandy Backer | 110-4117.00 | \$2,554.23 | \$31,901.00 |
| Clerk Reporter Misdemeanor Rebecca Wilkinson | 2001-000-4112.00 110-4117.20 | \$2,026.22 \$506.55 | \$30,393.24 |
| Pauper Counsel | 110-4189.10 | \$7,083.33 | \$95,000.00 |
| Guardian ad Litem David Heal | 1211-000-4112.00 110-4189.30 | \$416.67 \$3,443.63 | \$46,323.60 |
| Guardian ad Litem Kelly Whitledge | 1211-000-4112.50 110-4189.50 | \$416.67 \$2,913.10 | \$39,957.17 |
| Totals | | = | \$479,812.83 |

PART TIME AND HOURLY RATED EMPLOYEES

Or Employee Classificiation Rate of Pay* Substitute Court Person 110-4189.20 \$10.25 Per Hour Per Per Per Per Per Per Per

* Show rate of pay per month, week, day, hour, etc.

Title of Position

Date 6 - 29 - 2017

Submitted By:

nitted By: Greg A.\G

Greg A. Granger Judge, Warrick Circuit Court

Per

NOTES:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Pav Range Schedule

| Classification and Pay Grade | d Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
|---------------------------------|----------------------------------|-------------|----------------------|----------------|--|
| | Judge | | | \$5,000.00 | \$416.67 |
| COMOTI | Reporter I | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| COMOTI | Court Administrator Bailiff | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| so | Probation Officer | | | \$62,183.00 | \$5,181.92 Part from fund 2000 |
| SO | Probation Officer | | | \$46,720.00 | \$3,893.33 Part from fund 2000 |
| COMOT III | Reporter III (4) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| SO | Field Service Officer-Drug Court | | | \$0.00 | 36,050 1/2 grant 1/2 Community Corrections |
| | Per Diem Pitit Jury | | | \$850.00 | |
| | Comp Pauper Counsel Jury Trial | | | \$2,200.00 | |
| | Pauper Document Copies | | | \$10,000.00 | |
| | Pauper Counsel | | | \$95,000.00 | |
| | Part Time Clerical | | | 10.00 per hour | • |
| so | Case Manager | | | \$43,360.00 | \$3,613.33 |

Date: October 19, 2017

Auditor

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| | CALENDAR YEAR | 2018 | | |
|--|---|------------------|---|---|
| Superior Sup | A No, I | , | Warric | k County, Indiana |
| (, tallie of o lines, a span | | | | |
| The following statement she | ows the salaries and wages pro | posed to be paid | to officers and employees | of the |
| above named office, department | t board or agency during the cale | endar year: | 2018 | . |
| | | | | WY MY |
| | FULL TIME SALARIED OF | FICERS AND E | MPLOYEES (VI) | p |
| Title of Pos or Employee Clas | | Number | MPLOYEES Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| Reporter I Chi Ham/Bo Reporter I Chiex Prub. Prubahim Case Manag | CUITH E WARLW OFFICEN EN-DC | | 1609.16 1526.10 5484.24 2391.65 1916.61 | 41,853,93 39,618,6 142,590,11 62,183,60 51,392,00 43,359,9 |
| | | | | |
| | | | | |
| Totals | | <u>a</u> | | 381,061.6L |
| | PART TIME AND HOURL | Y RATED EMP | PLOYEES | |
| Title of Pos or Employee Clas | | | Rate of Pa | v* |
| | | | Pe | |
| | | | | |
| | | | Pe | |
| | | - | | |
| *Show rate of pay per month, week, d | lay, hour, etc. Submitted by: | | 73PJ | r Hour |
| Date: 630 2017 | | | (Signature) | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

Courthouse

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Pav Range Schedule

| Classification | and | ray Kan | Rate of | | |
|----------------|-------------------------|-------------|------------|---------------|------------|
| | Position | Low | Mthly Pay | High | Mthly Pay |
| 1,30 | | | | | |
| | | | | | |
| LTC VII | Custodial Employees (3) | \$25,721.00 | \$2,143.42 | \$30,878.00 | \$2,573.17 |
| | | | | * 40 000 00 | 00 055 47 |
| PAT IV | Maintenance Person | \$36,117.00 | \$3,009.75 | \$43,862.00 | \$3,655.17 |
| PAT V | Maintenance Assistant | \$33,243.00 | \$2,770.25 | \$40,273.00 | \$3,356.08 |
| | | | | | |
| | Part Time Custodial | | | 10.00 per hou | r |

Date: October 19, 2017

Auditor

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018 Courthouse -- 1000-112 Warrick County, Indiana (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department board or agency during the calendar year: 2018 FULL TIME SALARIED OFFICERS AND EMPLOYEES **Total Annual** Title of Position Rate of or Employee Classification Number **Monthly Salary** <u>Salaries</u> \$84,954.00 3 \$28,318.00 Custodial -- 4116.00 1 \$43,862.00 \$43,862.00 Maintenance -- 4117.00 \$33,993.00 1 \$33,993.00 Maintenance Assistant -- 4118.00 Totals \$162,809.00 PART TIME AND HOURLY RATED EMPLOYEES Title of Position Rate of Pay* or Employee Classification \$10.30 Per Hour Part Time Custodial -- 4119.00 (1) (28hr/wk) Per Hour Per Hour Hour *Show rate of pay per month, week, day, hour, etc.

6-22-17

(Title)

Notes:

Date:

(1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.

Submitted by:

- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Pay Range Schedule

| Classification a | | Pay Range Schedule Rate of | | | Rate of |
|------------------|--|-------------------------------|------------|---------------|--------------|
| Pay Grade | Position | | Mthly Pay | High | Mthly Pay |
| | Sheriff | | | \$98,000.00 | \$8,166.67 |
| SE | Chief Deputy | | | \$62,426.00 | \$5,202.17 |
| POLE | Lieutenants (2) | | | \$50,540.00 | \$4,211.67 |
| POLE | Sergeants(9) | | | \$47,754.00 | \$3,979.50 |
| POLE | Deputies (26) | | | \$44,413.00 | \$3,701.08 |
| POLE | Civilian Security (2) | | | \$34,669.00 | \$2,889.08 |
| POLE | School Resource Officer (3)School Corp | Reimburse at 50% | % | \$44,382.00 | \$3,698.50 |
| COMOTI | Office Manager | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| COMOT IV | Secretary (1) | \$28,682.00 | \$2,390.17 | \$34,153.00 | \$2,846.08 |
| COMOT III | Case Manager | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| * | Retirement | | | \$512,684.00 | |
| | Holiday Pay | | | \$138,585.00 | |
| | Longevity Pay | | | \$104,450.00 | |
| | Overtime Pay | | | \$52,000.00 | |
| | Per Diem Merit Board | | | \$3,000.00 | \$50 per Mtg |
| | Shift Premium | | | \$14,000.00 | |
| | Sick Day Benefits | | | \$10,000.00 | r |
| | PT Time Civil Process | | | \$10.75 per h | our |

Prescribed by the Department of Local Government Finance
Approved by State Board of Accounts

County Form No 144

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| | CALENDAR YEAR | 2018 | <u> </u> | | | |
|---|--------------------------------|----------------|---|----------------|----------------|-----|
| Sheriff | | , | | Varrick C | ounty, Indiana | |
| (Name of Office, Departm | ient, Board or Agency) | | | | | |
| The following statement show | s the salaries and wages prop | oosed to be pa | id to officers and emplo | oyees of th | ne | |
| above named office, department b | pard or agency during the cale | endar year: | 2018 | | | |
| | · | | | | | |
| <u>Fl</u> | JLL TIME SALARIED OFF | ICERS AND | EMPLOYEES | | | |
| Title of Position | | | Rate of | | Total Annual | |
| or Employee Classi | fication | Number | Monthly Salary | | Salaries | |
| Sheriff | | 1 | | 9 | 8,000.0 | > |
| Chief Deputy | | 1 | | (| ea.426.0 | Ø |
| Lieutenant | | 2 | | | DI, 080. | 200 |
| Sergeants | | 9 | | - - | 29.786. | |
| Descrita | | 30 | | - <u>-</u> | 331,460 | |
| Office Manager | | 1 | | ; | 35,215 | |
| Case Manager | | <u> </u> | | _ | | |
| Cuser wanger | | | E-14-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | _ | 35,122 | |
| Suretary | | | | | 32,249. | 00 |
| 9 | | × | | | | |
| Totals | | 46 | | 2 | ,125,938 | .00 |
| | PART TIME AND HOURL | Y RATED EN | /IPLOYEES | | | |
| Title of Positio | | | <u></u> | | | |
| or Employee Classif | ication | | | of Pay* | | |
| PIT Civil Process | | 3 | 10.75 | Per_ | Hour | |
| | | _ | | Per _ | Hour . | 580 |
| | | | | Per | Hour | |
| | | | | Per | Hour | |
| *Show rate of pay per month, week, day, | ngur, etc. | 0 | . 1/ | | | |
| | Submitted by: | 13 | uttw. or | rus | L | |
| 1 24 201 | _ | | (Signature) | . 11 | | |
| Date: June 27, 201 | <u> </u> | | She | reft | | |
| Notes: | | | (Title) | HV. | | |
| MOLES. | AND STREET, NO. 1 | | | • | | |

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | Position | Pay Ran Low | ge Schedule Rate of Mthly Pay | High | Rate of Mthly Pay |
|---------------------------------|---------------------------------|----------------|-------------------------------------|---------------|----------------------|
| LTC IV | Food Service Manager | \$33,367.00 | \$2,780.58 | \$39,128.00 | \$3,260.67 |
| POLE | Civilian Jailer (15) | | | \$37,094.00 | \$3,091.17 |
| LTC VI | Cooks (3) | \$29,609.00 | \$2,467.42 | \$34,637.00 | \$2,886.42 |
| POLE | Court Jailer | | | \$37,094.00 | \$3,091.17 |
| SO | Jail Commander | | | \$44,413.00 | \$3,701.08 |
| | Assistant Jail Commander | | | \$3,663.00 | |
| PAT V | Maintenance | \$33,243.00 | \$2,770.25 | \$40,273.00 | \$3,356.08 |
| | Holiday Pay | | | \$56,925.00 | |
| | Overtime Pay | | | \$35,000.00 | |
| | Longevity | | | \$9,000.00 | |
| | Part Time Cooks | | 1 | 0.00 per hour | 91 |
| | Shift Premiums Civilian Jailers | | | \$10,000.00 | |
| | Midemeanant Supplement | | | \$5,094.00 | |

Prescribed by the Department of Local Government Finance

County Form No 144

Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALEND | AR YEAR | 2018 | | | |
|--|-----------------|--------------------|---------------------------|---------------------------------|---|
| (Name of Office, Department, Board o | r Agency) | _, | Warı | rick County, Indiana | |
| The following statement shows the salaries | s and wages pro | nosed to be paid t | o officers and employed | es of the | |
| above named office, department board or agend | | | 2018 | | |
| FULL TIME S | SALARIED OF | FICERS AND E | MPLOYEES | | |
| Title of Position or Employee Classification | | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> | |
| Jail Commander Asst. Jail Comman | der | 1 | | 44,413.00 37,904.00 | |
| Court Gailer Civilian Gailer | | 15 | | 37,904.00 554,414.00 | |
| Food Service Manae | Ja | 3 | | <u>34,019.00</u> 89.894.00 | |
| | | | | | |
| | | | | | |
| Totals | | <u> </u> | | 804 213.00 |) |
| PART TIME Title of Position or Employee Classification | AND HOURL | Y RATED EMPI | Rate of F | Pay* | |
| Cook | | | | er <u>Hour</u> er Hour . | |
| | | | | er Hour | |
| *Show rate of pay per month, week, day, hour, etc. | bmitted by: | Bu | tt W. Lue | er Hour | |
| Date: 1111 27, 2017 | | - | (Signature) (Title) | riff | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, except | Pay Range Schedule | | | | | | |
|---------------------------------|--------------------------|-------------|-------------------------|-------------|----------------------|--|--|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay | | |
| SPEX II | Executive Dir. | \$48,900.00 | \$4,075.00 | \$51,553.00 | \$4,296.08 | | |
| PAT V | Assistant Executive Dir. | \$33,243.00 | \$2,770.25 | \$40,273.00 | \$3,356.08 | | |
| COMOT III | Planner I | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 | | |
| COMOT IV | Planner II | \$28,682.00 | \$2,390.17 | \$34,153.00 | \$2,846.08 | | |
| COMOT V | Planner III | \$26,615.00 | \$2,217.92 | \$31,616.00 | \$2,634.67 | | |
| | Part Time Clerical | | 10.00 per hour | | | | |
| | Attorney | \$9,075.00 | | | | | |
| | Per Diem 14 Members | | \$8,400.00 \$50 Per Mtg | | | | |

County Form No 144

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| | CALE | NDAR YEAR | 2018 | | |
|---------------------------------|---------------------------------------|----------------------|---------------------------|---------------------------|-----------------------|
| ARBA (Name of Office, I | Department, Boa | ard or Agency) | _, | Wa | rrick County, Indiana |
| | | ., | | | |
| The following stateme | nt shows the sal | laries and wages pro | oposed to be paid to | o officers and employe | ees of the |
| above named office, depart | ment board or a | gency during the ca | llendar year: | 2018 | |
| | F111.1 F11 | #E 011 1 DIED 01 | | | |
| Title of | FULL IIII Position | IE SALARIED OF | FICERS AND EN | | Total Annual |
| | Classification | | Number | Rate of Monthly Salary | Salaries |
| Executive | DIRECT | 812 | 4111.00 | - | 5/553 |
| ASST EXECUT | ice Wa | lettul | 411.50 | | 39843 |
| PLANNER _ | Z" | | 4114.11 | | 30393 |
| MAUNER S | | | 4114.20 | | 336,20 |
| de la sestana | Andrew Control | | Will MA | | Make & S |
| 1 80 1 200 510 10 10 000 | Picture No. | | 6 8 4 8 6 30 C 50 4 4 4 6 | - | ce cor w |
| | | | - | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals | | | | | 181,926 |
| | PART | TIME AND HOUR | LY RATED EMPL | OYEES | , |
| | Position | | | | 50 No |
| or Employee | Classification | | | Rate of | f Pay* |
| | | | | | Per Hour |
| | | | | | Per Hour . |
| | | | - | | Per Hour |
| | | | | | Per Hour |
| *Show rate of pay per month, we | ek, day, hour, etc. | | | 1. | |
| | | Submitted by: | Skern | Buth | |
| Data China 1 77- | 1.70,0 | | 81. | Signature) | · 1 |
| Date: July 37 | ,2017 | _ | Gelles | WW KM | cla |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018

| Warrick County Voterans Office, Department, Board or Agency) | ce _ | Warr | ick County, Indiana |
|--|-------------------|--------------------------|---------------------------------|
| The following statement shows the salaries and wages pro | oposed to be paid | to officers and employee | es of the |
| above named office, department board or agency during the ca | lendar year: | 2018 | |
| | | | |
| FULL TIME SALARIED OF | FICERS AND E | | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| Sorvice Officer | 4111.00 | 2958.54 | 35,502.50 |
| Assistant Service Officer | 4114.00 | 32.2/2.39 | 38,716,70 |
| Part time Clerical | | \$ 10°0/hr | |
| | | | |
| | , | | |
| <u> </u> | | - | |
| | - | | |
| | | | |
| | | | |
| , | | | |
| Totals | | * | |
| DART TIME AND HOUR | LV DATED ENG | OVEES. | 1 |
| PART TIME AND HOUR Title of Position | LY RATED EINIF | PLOYEES | |
| or Employee Classification | | Rate of I | Pay* |
| | | F | Per Hour |
| | | F | Per Hour . |
| | | F | Per Hour |
| | | . F | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. Submitted by: | | bung Blan (Signature) | w |
| Date: JUNE 30, 2017 | Assista | rt V.A.S.O.1 (Title) | |
| The second secon | | | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | | Pay Rang Low | ge Schedule Rate of Mthly Pay | High | Rate of Mthly Pay |
|---------------------------------|------------------------|-----------------|-------------------------------------|----------------|----------------------|
| PAT V | Service Officer | \$33,243.00 | \$2,770.25 | \$40,273.00 | \$3,356.08 |
| COMOT III | Deputy Service Officer | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| | Part Time Clerical | | | 10.00 per hour | |

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR

| 20 | 1 | 8 |
|----|---|---|
|----|---|---|

| Warrick County Emergency Manag | ement Agene | cy | Warrick County, Indiana |
|---|-------------------------|------------------------------|--------------------------------|
| (Name of Office, Department, Board or Agency |) | | |
| The following statement shows the salaries and wag | ges proposed to be | paid to officers and emp | loyees of the |
| above named office, department board or agency during | the calendar year: | 2018 | |
| | | | |
| FULL TIME SALARIE | D OFFICERS AN | ID EMPLOYEES | |
| Title of Position <u>or Employee Classification</u> | Numbe | Rate of Monthly Salar | Total Annual <u>y Salaries</u> |
| 17: 400-1 | 1 | | |
| Director | | | <u> \$48,930.00</u> |
| Administocative Assistant | | | <u>831,165.00</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | • | | |
| | | | |
| • | • ************* | • | |
| Totals | 2 | | \$80,095,00 |
| | | = . | <u>100010 12:00</u> 0 |
| PART TIME AND HO Title of Position | OURLY RATED E | EMPLOYEES | |
| or Employee Classification | | Rate | of Pay* |
| Deputy Director | | \$ 6.700.00 | Per Year |
| Operations Officer | | 8 5500.00 | Per Year |
| Part Time Clerical | | \$ 10.00 | |
| | | | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. | | | |
| Submitted t | ov: | O (a) mol | · · · · · |
| | ACREA | (Signature) | |
| Date: 6-2-17 | Des | cotor | |
| N. 4 | | (Title) | |
| <u>Notes:</u> (1) This statement must be filed IN DUPLICATE with the County Au | ditor on or before July | 1 each year for salaries and | l wages to |

- be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.





I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification Pay Gra | on and a Position | Pay Ran Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
|---------------------------|--------------------------|----------------|----------------------|----------------|----------------------|
| SO | Director | | | \$48,929.00 | \$4,077.42 |
| | Deputy Director | | | \$6,700.00 | \$558.33 |
| | Operations Officer | | | \$5,500.00 | \$458.33 |
| COMOT III | Administrative Asisstant | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| | Part Time Clerical | | | 10.00 per hour | |
| | Per Diem 7 Board Members | | | \$3,500.00 | \$50 per mtg |

Auditor

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| PROPOSED TO BE PAID | OFFICERS AND | EMPLOYEES | |
|---|------------------------|---------------------------|---------------------------------|
| CALENDAR YEAR | 2018 | _ | |
| Commissioner 1000-116 | , | Warr | ick County, Indiana |
| (Name of Office, Department, Board or Agency) | | | |
| The following statement shows the salaries and wages p | proposed to be paid to | officers and employee | s of the |
| above named office, department board or agency during the | calendar year: | 2018 | |
| FULL TIME SALARIED C | FFICERS AND EN | IPLOYEES | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| Commissioners 4111.00 | 3 | \$26,049.00 | \$78,147.00 |
| Commissioner President 4111.10 | 1 | \$1,030.00 | \$1,030.00 |
| Clerical 4114.00 | 1 | \$26,865.00 | \$26,865.00 |
| Administrative Assistant 4115.00 | 1 | \$35,192.00 | \$35,192.00 |
| Administrator 4119.00 | 1 | \$55,661.00 | \$55,661.00 |
| Computer Specialist 4120.10 | 1 | \$48,348.00 | \$48,348.00 |
| | | | |
| Totals | 8 | * | \$245,243.00 |
| PART TIME AND HOU | RLY RATED EMPI | OYEES | |
| Title of Position or Employee Classification | | Rate of I | Pay* . |
| Weights & Measures 4116.10 (1) | | \$11,139.00 F | er year |
| | | F | er Hour |
| | | F | er Hour |
| | | P | er Hour |
| *Show rate of pay per month, week, day, hour, etc. | | | |

Notes:

Date: 6-22-17

(1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.

Submitted by:

(Signature)

Administrator (Title)

- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Pay Ran | ge Schedule | • | |
|----------------|------------------------------|-------------|-------------|----------------|------------|
| Classification | | | Rate of | 4.94 | Rate of |
| Pay Gra | Position | Low | Mthly Pay | High | Mthly Pay |
| | Commissioners (3) | | | \$27,049.00 | \$2,254.08 |
| | Commissioner President | | | \$2,210.00 | 184.17 |
| COMOT III | Administrative Assistant | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOTV | Clerical Assistant | \$26,615.00 | \$2,217.92 | \$31,616.00 | \$2,634.67 |
| SP EX I | Administrator | \$53,009.00 | \$4,417.42 | \$55,661.00 | \$4,638.42 |
| so | Computer Resource Specialist | | | \$48,348.00 | \$4,029.00 |
| | Inspector Weights & Measures | | | \$11,139.00 | |
| | County Attorney | | | \$48,000.00 | |
| | OASI | | | \$565,690.00 | |
| | PERF | | | \$713,460.00 | |
| | Group Insurance | | | \$1,900,000.00 | |
| | Unemployment | | | \$24,000.00 | |
| | Workmen's Compensation | | | \$87,745.00 | |

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification | and | Pay Ra Low | nge Schedule Rate of Mthly Pay | High | Rate of Mthly Pay |
|----------------|--|---------------|--------------------------------------|----------------|----------------------|
| | Extension Educator CED/Ag/Natural Resources | | | \$37,868.00 | \$3,155.67 |
| | Extension Educator 4H Youth Development | | | \$37,868.00 | \$3,155.67 |
| | Extension Educator Consumer Family Science | | | \$37,868.00 | \$3,155.67 |
| COMOT II | Office Manager | \$32,601.00 | \$2,716.75 | \$38,960.00 | \$3,246.67 |
| | Part Time Clerical (2) | | | 10.00 per hour | |
| | Overtime | | | \$500.00 | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018 **EXTENSION SERVICE** WARRICK County, Indiana (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department board or agency during the calendar year: 2018 **FULL TIME SALARIED OFFICERS AND EMPLOYEES** Title of Position Rate of **Total Annual** or Employee Classification Number **Monthly Salary** Salaries OFFICE MANAGER; COMOT II - STEP 2 4114.00 \$2,759.58 \$33,115.00 CLERICAL ASSISTANT - COMOT V - STEP 1 4115.10 \$2,153.33 \$25,840.00 (*** PROPOSED - SEE ATTACHED LETTER) **Totals** \$58.955.00 PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay* PART TIME CLERICAL \$10.50 Per Hour Hour Per Per Hour Per Hour *Show rate of pay per month, week, day, hour, etc.

Notes:

(1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.

Submitted by:

(2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

EXTENSION EDUCATOR - CED (Title)

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, excep | t. | Pay Ran | ge Schedul | е | |
|---------------------------------|--------------------------------|-------------|----------------------|-------------|----------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | | Rate of Mthly Pay |
| r dy Grade | 1 Collien | 2011 | many ray | mg. | many i ay |
| ELECTED | Judge | | | \$5,000.00 | \$416.67 |
| COMOTI | Official Court Reporter | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| COMOTI | Bailiff/Court Administrator | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| COMOT III | Court Reporter | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT III | Court Reporter | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT III | Reporter/Misdemeanor Division | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| SO | Probation Officer/Adult-Juv | | | \$62,183.00 | \$5,181.92 |
| | Interpreters | | | \$1,000.00 | |
| | Per Diem Petit Jury | | | \$12,000.00 | |
| | Comp Pauper Counsel Jury Trial | | | \$7,500.00 | |
| | Pauper Document Copies | | | \$7,000.00 | |
| | Pauper Counsel | | | \$95,000.00 | |

STATEMENT OF SALARIES AND WAGES

| PROPOSED TO BE PAID O | 1000-122 | | |
|---|---------------|---|---------------------------------|
| CALENDAR YEAR | 2018 | , | |
| WARRICK SUPERIOR COURT NO. 2 (Name of Office, Department, Board or Agency) | , | Wa | arrick County, Indiana |
| The following statement shows the salaries and wages pro above named office, department board or agency during the ca | | o officers and employ | ees of the |
| FULL TIME SALARIED OF | FICERS AND EN | IPLOYEES | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| MARY C. KENNEDY - COURT REPORTER | 4112.00 | | \$ 41,323.00 |
| DEBORAH A. BERNARD - BAILIFF/ COURT/JURY ADMINISTRATOR | 4113.00 | | 41,323.00 |
| ANN SUTTON - SECOND COURT REPORTER | 4116.00 | *************************************** | 36,253.00 |
| KATHY HARGRAVE - CLERK/MISD. COURT REPORTER | 4117.00 | | 36,253.00 |
| CAROL COOLEY - SMALL CLAIMS COURT REPORTER | 4119.00 | 4 | 36,253.00 |
| REBECCA YOUNKER - ADULT PROB. | 4118.00 | | 62,183.00 |
| Totals | | | \$ 253,588.00 |
| PART TIME AND HOURL | Y RATED EMPL | OYEES | |
| Title of Position or Employee Classification | | Rate of | Pay* |
| | | - | Per Hour |
| | | | Per Hour . |
| | | | Per Hour |
| | | | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. *MANDATED BY THE STATE Submitted by: | Rolet | R Auso | att |

Notes:

Date: June

2017

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

Robert R. Aylsworth, Judge Warrick Superior (Fagurt No.

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| i seeminenaeu, excepti | | Pav Ra | Pay Range Schedule | | |
|-------------------------------|--------------------------|-------------|----------------------|----------------|----------------------|
| Classification a Pay Grade | and Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| POLE | IDAC Coordinator | | | \$38,601.00 | \$3,216.75 |
| POLE | Dispatcher (11) | | | \$37,094.00 | \$3,091.17 |
| COMOTI | Computer Service Manager | \$34,957.00 | \$2,913.08 | \$41,854.00 | \$3,487.83 |
| | Part Time TC Officers | | 1 | 12.75 per hour | |
| | Holiday Pay | | | \$33,784.00 | |
| | Overtime Pay | | | \$14,000.00 | |
| | Longevity Pay | | | \$7,500.00 | |
| | Shift Premium | | | \$7,200.00 | |
| | Health Insurance | | | \$201,500.00 | |
| | OASI | | | \$32,373.00 | |
| | Perf | | | \$75,901.00 | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| | CALENDAR YEAR | 2018 | _ | |
|---|-------------------------------|--------------------|---------------------------|---------------------------------|
| (Name of Office, Departm | ent, Board or Agency) | _, | War | rrick County, Indiana |
| The following statement shows | s the salaries and wages prop | osed to be paid to | o officers and employe | ees of the |
| above named office, department bo | ard or agency during the cale | ndar year: | 2018 | |
| FL | ILL TIME SALARIED OFF | ICERS AND EN | /IPLOYEES | |
| Title of Positio <u>or Employee Classit</u> | | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| IDACS Courdinal | tor | _1 | | 38,400.00 |
| Computer Service | Manager | 1 | | 41,324.00 |
| Telecommunication | n Officers | | | 408,039.00 |
| *************************************** | | | | |
| | | - | | |
| | | | | |
| | | | | |
| Marie Company of the | | | | |
| Totals | | 13 | | 487,963.00 |
| | PART TIME AND HOURL | Y RATED EMPI | LOYEES | |
| Title of Positio <u>or Employee Classif</u> | | | Rate of | Pay* |
| PIT Dispatcher | | \$ | 12.75 | Per Hour |
| | | | <u> </u> | Per Hour . |
| | | | | Per Hour |
| 101 | | | | Per Hour |
| *Show rate of pay per month, week, day, | Submitted by: | Bu | HW.Ki | usl |
| Date: <u>11110</u> 27, 201 | 7 | | (Signature) | thesill |
| Two strings | | | (Title) | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and | | - 101 St 2022/201 | ge Schedule Rate of | | Rate of |
|--------------------|-----------------------|-------------------|------------------------|----------------|------------|
| Pay Grade | Position | | Mthly Pay | High | Mthly Pay |
| | Council Members (7) | | | \$9,785.00 | |
| | Council President | | | \$500.00 | |
| SP EX II | Council Administrator | \$48,900.00 | \$4,075.00 | \$51,553.00 | \$4,296.08 |
| | Group Insurance | | | \$124,000.00 | |
| | Part Time Clerical | | | 10.00 per hour | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALENDAR YEAR | 2018 | 3 | |
|---|------------|------------------------------|---------------------------------|
| Council | _, . | Warr | ick County, Indiana |
| (Name of Office, Department, Board or Agency) | | | |
| The following statement shows the salaries and wages propabove named office, department board or agency during the cale | | aid to officers and employee | s of the |
| | | | |
| FULL TIME SALARIED OFF | ICERS AND | EMPLOYEES | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| Councis Member | 7 | r | 10,078 |
| Council Haministrator | | | 51,022 |
| | | | |
| | | | |
| | | | |
| | | | |
| | - | | |
| Totals | | | |
| PART TIME AND HOURL' | Y RATED EN | MPLOYEES | |
| Title of Position or Employee Classification | | Rate of P | av* |
| PART Time Cherical | _ | 10.50 P | |
| | _ | Pe | er Hour . |
| | - | Pe | er <u>Hour</u> |
| *Show rate of pay per month, week, day, hour, etc. | - | Pe | er <u>Hour</u> |
| Submitted by: | | <u></u> | . • |
| | | (Signature) | - |
| Date: 6 - 22 - 17 | | Preside | nt |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

President

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

1176 101 Highway

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification Pay Grad | and li Position | Low | ge Schedule Rate of Mthly Pay | High | Rate of Mthly Pay | |
|----------------------------|------------------------------|-------------|-------------------------------------|-------------|----------------------|----------------|
| SP EX I | Superintendent | | \$0.00 | | \$0.00 | |
| SP EX II | Assistant Superintendent | \$48,900.00 | \$4,075.00 | \$51,553.00 | \$4,296.08 | |
| SP EX II | Foreman/ Fleet Manager | \$48,900.00 | \$4,075.00 | \$51,553.00 | \$4,296.08 | |
| SP EX II | District Foreman | \$48,900.00 | \$4,075.00 | \$51,553.00 | \$4,296.08 | |
| COMOT III | Highway Info Coordinator (2) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 | |
| SO | 1/2 Purchasing Agent | | | \$24,465.00 | \$2,038.75 1 | /2 Storm Water |
| | Lead Foreman | | | 5,000.00 | | |
| | Engineer/ Administrator | | | 25,000.00 | | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| PROPOSED TO BE PA | AID OFFICERS AND | EMPLOYEES | | |
|---|-------------------------|----------------------------------|--|---------------------------------|
| CALENDAR YE | AR 2018 | | | |
| (Name of Office, Department, Board or Agence | , | Wa | <u>arrick</u> Co | ounty, Indiana |
| The following statement shows the salaries and wa | ges proposed to be paid | to officers and employ | ees of the | е |
| above named office, department board or agency during | | 2018 | ************************************** | |
| FULL TIME SALARI | ED OFFICERS AND E | MPLOYEES | Programme and the second secon | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of <u>Monthly Salary</u> | , | Total Annual <u>Salaries</u> |
| Assist Superintedent | 176-101-4113.00 | \$4337.75 | \$ | 52053.0 |
| Lead Foreman | 1176-101-4115.50 | \$416.67 | | \$5000.00 |
| Engirear Admin | 101-4111.50 | \$2,500 | (F 4 | 30,000 |
| Foreman | 1176-101-4115.00 | 54179.S9 | T | 50,155.00 |
| Info Coordinator | 1176-101-4114.20 | \$ 2579.03 | \$2 | 30948.32 |
| Info Coordinator | 1176-101-4114.20 | \$2579.03 | \$3 | 0948.32 |
| Foreman Fleet Manager | 1176-101-4115.30 | \$4157.92 | \$ L | 19895.04 |
| | | | | |
| Totals | | | | |
| PART TIME AND | HOURLY RATED EMP | PLOYEES | | |
| Title of Position | * | Pata | of Days | |
| or Employee Classification | | . Kate t | of Pay* Per | Hour |
| | | | Per | Hour . |
| | | | Per | Hour |
| | | | Per | Hour |
| *Show rate of pay per month, week, day, hour, etc. | 1 | | | |
| Submitte | d by: | | | |
| | | (Signature) | | |

Notes:

Date:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| 01 15 11 1 | Pay Range Schedule | | | | Data of |
|---------------------------------|---------------------------------|-----|----------------------|----------|--------------------------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| | Carpenter | | | 0.00 | |
| LTC | Pay Grade 3 Light Equipment (3) | | | \$16.79 | Per Hour |
| LTC | Pay Grade 4 Truck Driver (11) | 1 | | \$17.53 | Per Hour |
| LTC | Pay Grade 5 Heavy Equipment (7) | | | \$18.27 | Per Hour |
| | Head Mechanic (1) | | | \$18.80 | |
| LTC | Laborers (9) | | | \$15.10 | Per Hour |
| | Longevity | | | \$17,500 | |
| | Overtime | | | \$30,000 | r |
| | Hazmat Driver | | | 18.03 | \$.50 more an hour than Truck Driver |

Date: October 19, 2017

Auditor

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| | Wa | rrick County, Indiana |
|-----------------------|----------------------------------|---|
| | | |
| as proposed to be pai | id to officers and employe | ees of the |
| | | 203 01 1110 |
| 1 | | |
| OFFICERS AND | EMPLOYEES | |
| Number | Rate of <u>Monthly Salary</u> | Total Annual <u>Salaries</u> |
| 1 | \$24,465.00 | \$24,465.00 |
| | | |
| | | |
| | | |
| | | • |
| | | |
| | - | |
| | | |
| N | 9 | |
| , | | • |
| 1 | | \$24,465.00 |
| OURLY RATED EN | /IPLOYEES | |
| | : | |
| | Rate o | |
| _ | | Per Hour |
| - | | Per Hour |
| - | - | Per Hour |
| _ | | Per Hour |
| 1 | | \rightarrow |
| oy: 7 wg | 2 6.5 | nuns |
| | Number 1 DURLY RATED EM | Proposed to be paid to officers and employers are calendar year: 2018 DOFFICERS AND EMPLOYEES Rate of Monthly Salary 1 \$24,465.00 1 DURLY RATED EMPLOYEES Rate of Monthly Salary Rate of Monthly Salary |

Notes:

Date: 6-22-17

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

Administrator (Title)

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Pa | | | | Pay Range Schedule | | | |
|---------------------------------|---------------------|---|-------------|----------------------|----------------|----------------------|--|
| Classification and Pay Grade | Position | | Low | Rate of Mthly Pay | High | Rate of Mthly Pay | |
| SO | Engineer | × | | | \$68,357.00 | \$5,696.42 | |
| SO | Assistant Engineer | | | | \$58,146.00 | \$4,845.50 | |
| COMOTII | Technical Assistant | | \$32,601.00 |) | \$38,960.00 | \$3,246.67 | |
| | Seasonal Help | | | | 10.00 per hour | | |

Date: October 19, 2017

Auditor

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

PROPOSED TO BE PAID OFFICERS AND EMPLOYEES **CALENDAR YEAR** 2018 Warrick County, Indiana The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department board or agency during the calendar year: FULL TIME SALARIED OFFICERS AND EMPLOYEES Title of Position Total Annual or Employee Classification Number **Monthly Salary** Salaries Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay* Per Hour Per Hour Per Hour Per Hour *Show rate of pay per month, week, day, hour, etc. Submitted by:

Notes:

6.22-2017

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

gnature)

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Pay R | Range Schedul | е | |
|--------------------|---------------------|-----------------|---------------|--------------|-----------|
| Classification and | Danitian | 1 | Rate of | Uiab | Rate of |
| Pay Grade | Position | Low | Mthly Pay | High | Mthly Pay |
| LTC | 3 Pay Grade 5 Mecha | anic Parts Roon | n | \$18.27 | Per Hour |
| | OASI | | | \$121,950.00 | 1 |
| | PERF | | | \$234,634.00 | 1 |
| | Group Insurance | | | \$810,000.00 |). |
| | Unemployment | | | \$6,000.00 | 1 |
| | Workmans comper | sation | | \$57,828.00 | 1 |
| | Overtime Hourly | | | \$1,500.00 | 1 |
| | Tool Allowance | | | \$750.00 | Ĭ |

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

| The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year | Name of Office, Department, Board or Agency | | | County, Indiana | |
|---|--|--------------------------|----------------------------|-----------------|-------|
| Title of Position or Employee Classification Number Rate of Monthly Total Annual Salary Salaries Flag of Monthly Total Annual Salary Salaries Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay Per Per Per Per Per Per Per Per Per Pe | The following statement shows the salaries and wages pro the above named office, department, board or agency during | posed to b the calend | e paid to offic ar year | ers and employe | es of |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Per | FULL TIME SALARIED OFF | ICERS AN | ID EMPLOYE | <u>ES</u> | |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Per Per Per Per Per Per Per Per Per Pe | | | Number | 1.5 | |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Per Per Per Per Per Per Per Per Show rate of pay per month, week, day, hour, etc. | | | | | |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Per Per Per Per Per Per Per Per Show rate of pay per month, week, day, hour, etc. | | | | | |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Per Per Per Per Per Per Per Per Per Show rate of pay per month, week, day, hour, etc. | | | | | |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay Per Per Per Per Per Per Per Per Per Pe | | | | | |
| Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Per Per Per Per Per Per Per Per Per Show rate of pay per month, week, day, hour, etc. | | | | | |
| Title of Position or Employee Classification Per Per Per Per Per Per Per Per Per Pe | ~ | | | | |
| Title of Position or Employee Classification Per Per Per Per Per Per Per Per Per Show rate of pay per month, week, day, hour, etc. | | Y RATED | EMPLOYEES | 3 | |
| Per | | | | - | |
| Per | or Employee Classification | | | Rate of Pay | |
| Per Per Per Per Per Per Show rate of pay per month, week, day, hour, etc. | | | | Per . | |
| Per | | | | Per . | |
| Per Per * Show rate of pay per month, week, day, hour, etc. Submitted By: | | | | Per . | |
| * Show rate of pay per month, week, day, hour, etc. Submitted By: | | | | Per | |
| * Show rate of pay per month, week, day, hour, etc. Submitted By: | | | | Per . | |
| | * Show rate of pay per month, week, day, hour, etc. | _ | | Per . | |
| | Submitted By: | | | J | |
| | | | | | |

NOTES:

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Pay Range S | Schedule | | |
|-------------|----------------------------------|-------------|------------|----------------|------------|
| | ation and | | Rate of | | Rate of |
| Pay | Position | Low | Mthly Pay | High | Mthly Pay |
| | Health Officer | | | \$12,000.00 | \$1,000.00 |
| COMOTII | Administrative Assistant | \$32,601.00 | \$2,716.75 | \$38,960.00 | \$3,246.67 |
| PAT III | Health Nurse | \$38,756.00 | \$3,229.67 | \$48,299.00 | \$4,024.92 |
| PAT III | Health Nurse | \$38,756.00 | \$3,229.67 | \$48,299.00 | \$4,024.92 |
| SP EX II | Health Administrator | \$48,900.00 | \$4,075.00 | \$51,553.00 | \$4,296.08 |
| PAT V | Assistant Sanitarian | \$33,243.00 | \$2,770.25 | \$40,273.00 | \$3,356.08 |
| COMOT III | Data Manager | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| ē | Head Nurse | | | \$1,000.00 | \$83.33 |
| | OASI | | | \$27,987.00 | |
| | PERF | | | \$48,084.00 | |
| | Group Insurance | | | \$144,000.00 | |
| | Unemployment | | | \$1,682.00 | |
| | Workmans Compensation | | | \$1,500.00 | |
| | Per Diem Board Members | | \$ | 550 per mtg | |
| PAT UNION | Animal Control Officer | | | \$36,837.00 | \$3,069.75 |
| PAT UNION | Assistant Animal Control Officer | | | \$30,610.00 | \$2,550.83 |
| Part Time A | nimal Control Officer | | 1 | 10.00 per hour | |
| | Overtime Pay Animal Control | | | 0.00 | |
| | Imunization Rep | | 1 | 0.00 per hour | |
| | Pound Keeper | | 1 | 0.00 per hour | |
| | Longevity Pay | | | \$500.00 | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF AMENDED SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| LE | NDA | RY | EAR | 20 | 01 | 8 |
|----|-----|----|-----|----|----|---|
|----|-----|----|-----|----|----|---|

| Warrick County Health Department | Warrick County Health Department , Warrick County, Indiana | | | | | |
|--|--|------------------------------|--------------|--|--|--|
| (Name of Office, Department, Board or Agency) | | | | | | |
| The following statement shows the salaries and wages pro | posed to be paid | to officers and employees of | the | | | |
| above named office, department board or agency during the ca | lendar year: | 2018 | | | | |
| | | | | | | |
| FULL TIME SALARIED OF | FICERS AND E | | Total Annual | | | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | Salaries | | | |
| Ricky B. Yeager Health Officer | 4111.00 | \$870.00 | \$12,000.00 | | | |
| Danielle Barnes Animal Control Officer | 4112.00 | \$2,833.62 | \$36,837.00 | | | |
| Charles R Freimiller Asst. Animal Control Officer | 4112.10 | \$2,354.62 | \$30,610.00 | | | |
| Jacqueline Ramsey Adm Assistant | 4113.00 | \$2,915.30 | \$37,899.00 | | | |
| Sharon James Nurse 1 | 4115.00 | \$3,633.70 | \$47,238.00 | | | |
| Sharon James Nurse 1 | 4115.05 | \$79.24 | \$1,030.00 | | | |
| Kathy Manning Nurse 2 | 4115.10 | \$3,633.70 | \$47,238.00 | | | |
| Aaron Franz Sanitarian/Adminstrator | 4116.00 | \$3,633.70 | \$51,022.00 | | | |
| Linda Derr Data Manager | 4118.00 | \$2,707.08 | \$35,192.00 | | | |
| Tina Latham Assistant Sanitarian | 4119.00 | \$2,557.16 | \$33,243.00 | | | |
| | | | | | | |
| Totals | | | \$332,309.00 | | | |
| PART TIME AND HOUR | LY RATED EMI | PLOYEES | | | | |
| Title of Position or Employee Classification | | Rate of Pay | k | | | |
| Carmen Downing | | \$10.00 Per | Hour | | | |
| Poundkeeper | , | \$10.00 Per | Hour | | | |
| Pt Time Animal Control Officer | _ | \$10.00 Per | Hour | | | |
| Pt Time Animal Control Officer | State | \$10.00 Tel | rioui | | | |
| Submitted by: | | | | | | |
| Date: 6/28/2016 | | | | | | |
| | | (Signature) | | | | |
| Noton | | Administrator | | | | |
| Notes: | | (Title) | | | | |

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| n and | Pay Ran | - | | Rate of |
|--------------------------|---|--|--|--|
| Position | Low | Mthly Pay | High | Mthly Pay |
| Superintendent | \$48,232.00 | \$4,019.33 | \$50,884.00 | \$4,240.33 |
| Assistant Superintendent | \$40,592.00 | \$3,382.67 | \$43,245.00 | \$3,603.75 |
| Administrative Secretary | \$32,601.00 | \$2,716.75 | \$38,960.00 | \$3,246.67 |
| Grounds Keeper | \$28,183.00 | \$2,348.58 | \$33,951.00 | \$2,829.25 |
| Laborer | \$25,721.00 | \$2,143.42 | \$30,878.00 | \$2,573.17 |
| Gate Keeper | \$26,615.00 | \$2,217.92 | \$31,616.00 | \$2,634.67 |
| Maintenance | \$33,243.00 | \$2,770.25 | \$40,273.00 | \$3,356.08 |
| Per Diem Board Members | | | \$7,100.00 | \$50 per mtg |
| Seasonal Help | | | \$63,250.00 | |
| Patrolmen | | | \$23,000.00 | |
| Lifeguards | | | \$25,000.00 | |
| Overtime | | | \$0.00 | |
| OASI | | | \$26,710.00 | |
| PERF | | | \$36,729.00 | |
| Group Insurance | | | \$108,500.00 | 160000From Edit |
| Unemployment | | | \$2,500.00 | |
| Workmans Compensation | | | \$7,000.00 | |
| | Superintendent Assistant Superintendent Administrative Secretary Grounds Keeper Laborer Gate Keeper Maintenance Per Diem Board Members Seasonal Help Patrolmen Lifeguards Overtime OASI PERF Group Insurance Unemployment | n and Position Superintendent Assistant Superintendent Administrative Secretary Grounds Keeper Laborer Sate Keeper Maintenance Per Diem Board Members Seasonal Help Patrolmen Lifeguards Overtime OASI PERF Group Insurance Unemployment | Superintendent \$48,232.00 \$4,019.33 Assistant Superintendent \$40,592.00 \$3,382.67 Administrative Secretary \$32,601.00 \$2,716.75 Grounds Keeper \$28,183.00 \$2,348.58 Laborer \$25,721.00 \$2,143.42 Gate Keeper \$26,615.00 \$2,217.92 Maintenance \$33,243.00 \$2,770.25 Per Diem Board Members Seasonal Help Patrolmen Lifeguards Overtime OASI PERF Group Insurance Unemployment | n and Position Rate of Mthly Pay High Superintendent \$48,232.00 \$4,019.33 \$50,884.00 Assistant Superintendent \$40,592.00 \$3,382.67 \$43,245.00 Administrative Secretary \$32,601.00 \$2,716.75 \$38,960.00 Grounds Keeper \$28,183.00 \$2,348.58 \$33,951.00 Laborer \$25,721.00 \$2,143.42 \$30,878.00 Gate Keeper \$26,615.00 \$2,217.92 \$31,616.00 Maintenance \$33,243.00 \$2,770.25 \$40,273.00 Per Diem Board Members \$7,100.00 \$23,000.00 Seasonal Help \$63,250.00 \$25,000.00 Overtime \$23,000.00 \$25,000.00 OASI \$26,710.00 \$26,710.00 PERF \$36,729.00 \$108,500.00 Unemployment \$2,500.00 |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALENDAR YEAR | 2018 | | |
|--|-------------|----------------------------|--------------------------|
| PARKS Dept. (Name of Office, Department, Board or Agency) | _, _ | Warı | rick County, Indiana |
| | | | |
| The following statement shows the salaries and wages prop | | d to officers and employee | es of the |
| above named office, department board or agency during the cale | ndar year: | 2018 | |
| FULL TIME SALARIED OFF | ICERS AND I | EMPLOYEES | |
| Title of Position | | Rate of | Total Annual |
| or Employee Classification | Number | Monthly Salary | Salaries |
| Superintendent | 1 | \$4062.23 | 48,746.8 |
| Accichant Su agricalendant | | #378//17 | 20 1 |
| Assistant Superintendent | | \$ 30701 | 37, 410.00 |
| Admin. Secretary Toffice Manager | | *2532.71 | 30, 393.24 |
| Maintenance | | \$2834.65 | 34,015.75 |
| Grounds Keeper | | B2654.57 | 31,854.81 |
| Gatekeeper | 1 | \$2239.39 | 26.872,70 |
| Tahorer | <u> </u> | # 211.11 da | 25 9.78/1/2 |
| <u> </u> | | 2164.31 | 00,110.00 |
| Friedman PARK Manager | | 3079.70 | 36,956.40 |
| Totals | 8 | | # ₂₇₄ , 228.3 |
| PART TIME AND HOURLY | RATED EMI | PLOYEES | |
| Title of Position | | | |
| or Employee Classification | | Rate of F | <u>'ay*</u> |
| | | P | er Hour |
| | - | P | er <u>Hour</u> |
| | | P | er Hour |
| · | - | Pe | er Hour |
| *Show rate of pay per month, week, day, hour, etc. | | | |
| Submitted by: | | | |
| , , , | 0 | (Signature) | |
| Date: 4/29/2017 | SUPER | PINTENDEN | T |
| Neton | | (Title) | |
| Notes: | | | |

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | cation and | | Rate of | Lliab | Rate of |
|----------|------------------------------|-------------|------------|----------------|--------------------|
| Pay | Position | Low | Mthly Pay | High | Mthly Pay |
| so | Director | | | \$25,000.00 | \$2,083.33 |
| COMOTI | Office Administrator | \$34,957.00 | | \$41,854.00 | \$3,487.83 |
| LTC | Heavy Equip O perator (3) | | | \$18.27 | Per Hour |
| SPEX II | Foreman | 48,900.00 | 4,075.00 | \$51,553.00 | \$4,296.08 |
| | OASI | | | \$24,794.00 | |
| | PERF | | | \$56,184.00 | |
| | Group Insurance | | | \$145,000.00 | |
| | Unemployment | | | \$1,400.00 | |
| | Workman's Compensation | | | \$6,000.00 | |
| | Longevity | | | \$750.00 | |
| COMOT II | Secretary, Soil Conservation | \$32,601.00 | \$2,716.75 | \$38,960.00 | \$3,246.67 |
| | | | | | |
| so | Project Manager | | | \$24,464.00 | \$2,038.67 1/2 Hwy |
| | Seasonal Help | | | 10.00 per hour | |
| | CAD Technician | | | 3000.00 | |

- 6 month

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018

| Storm Water Management (Name of Office, Department, Board or Agency) | _, _ | W | arrick County, Indiana |
|--|-----------------------|----------------------------------|---------------------------------|
| The following statement shows the salaries and wages pro | pposed to be paid | to officers and employ | yees of the |
| above named office, department board or agency during the ca | lendar year: | 2018 | - |
| FULL TIME SALARIED OF | FICERS AND E | MPLOYEES | |
| Title of Position or Employee Classification | Number | Rate of <u>Monthly Salary</u> | Total Annual <u>Salaries</u> |
| Director - 50 | 4111 | 2,145,83 | 25,750.00 |
| Office Administrator-Comot I | 411350 | 3,399.43 | 40,793.15 |
| Heavy Equipment Operator - LTC | 4116 | 3,167.42 | 38,009.03 |
| Heavy Equipment Operator - LTC | 4116 | 3,167.42 | 38,009.03 |
| Heavy Equipment Operator - LTC | 4116 | 3,167.42 | 38,009.03 |
| Foreman - SP EXV Step 5 | 4118 | 4,139.40 | 49,672.78 |
| Technician (CAD) | 4112.20 | 257,50 | 3,090,00 |
| Soil + Water Conservation Sec. | 4112.50 | 3202.44 | 38,429.30 |
| Project Manager | 4112.00 | 4077.43 | - 24,464.56 |
| Totals | | × | |
| PART TIME AND HOURL | Y RATED EMP | LOYEES | |
| Title of Position or Employee Classification | | . Rate o | of Day* |
| \$ 11.1 | 9 | # In (1) | Per Hour |
| Jummer Help | Paragraphs . | 10.00 | Per Hour . |
| | - | | Per Hour |
| | , | • | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. | - | | T CI TIOUI |
| Submitted by: | 7 | | |
| Date: 6-15-2017 | D: | (Signature) | |
| | | ZECTOR (Title) | |
| Notes: (1) This statement must be filed IN DUPLICATE with the County Auditor of | n or before July 1 ea | ich year for salaries and v | wages to |

- be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and | | Pay Ran | ge Schedule Rate of | | Rate of |
|-------------------------------|----------------|-----------|------------------------|---------------|------------------|
| Pay Position | | Low | Mthly Pay | High | Mthly Pay |
| COMOT IV Administrative Clerk | \$ | 28,682.00 | \$2,390.17 | \$34,153.00 | \$2,846.08 |
| Voter Registration De | puty | | | \$0.00 | |
| Election Board Memb | ers | | | \$6,000.00 | \$1,000 PER YEAR |
| Part Time Clerical | | | | 10.00 per hou | r |
| Per Diem Voter Regis | tration Office | | | \$1,000.00 | |
| Absentee Voter Board | 1 | | | \$12,000.00 | |
| Canvassing Board Me | embers | | | \$200.00 | |
| Inspectors | | | | 150 per day | |
| Judges | | | | 125 per day | |
| Sheriffs | | | | 125 per day | |
| Clerks | | | | 125 per day | |
| OASI | | | | \$5,599.00 | |
| Perf | | | | \$5,768.00 | |
| Unemployment Comp | ensation | | | \$1,000.00 | |
| Group Insurance | | | | \$18,000.00 | |
| | | | | | |

0.00 Per Year

Date: October 19, 2017

| Aud | |
|-----|--|
| | |

Per Diem Chief Election Officer

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALENDAR YEA | Z010 | | |
|---|---|---------------------------------------|------------------------|
| Floation | , | Wa | arrick County, Indiana |
| (Name of Office, Department, Board or Agency) | | | |
| The following statement shows the salaries and wage | es proposed to be pa | aid to officers and employ | rees of the |
| above named office, department board or agency during the | ne calendar year: | 2018 | |
| | | | |
| FULL TIME SALARIED | OFFICERS AND | <u>EMPLOYEES</u> | |
| Title of Position | | Rate of | Total Annual |
| or Employee Classification | Number | Monthly Salary | Salaries |
| Cadhy Oou | | 2545.52 | 33,091.80 |
| | | | |
| | | | |
| | | | * |
| | *************************************** | | |
| | | · · · · · · · · · · · · · · · · · · · | |
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| | | 3 | |
| Totals | | | 23 MIR |
| iolais | | į. | 50,011.0 9 |
| PART TIME AND HO | OURLY RATED E | MPLOYEES | |
| Title of Position or Employee Classification | | Rate o | of Pay* |
| On A Land | | | |
| Lan Ushilly | , | 10,30 | Per Hour |
| <i>U</i> | , | | Per Hour . |
| | | | Per Hour |
| | , | | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. | , | 1 | |
| Submitted I | by: | in Lelles | |
| Date: (0-29-17 | | (Signature) | it. Clark |
| | | (Title | 0 |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, except | | Pav F | Range Schedu | le | |
|---------------------|---------------------|-------|--------------|------------|-----------|
| Classification and | | | Rate of | | Rate of |
| Pay Grade | Position | Low | Mthly Pay | High | Mthly Pay |
| | 2 Guardian Ad Litem | | | \$10,000.0 | 0 |
| | Gal Expense | | | \$10,000.0 | 0 |

Date: October 19, 2017

Auditor

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

| Name of Office, Department, Board or Agency | | County, Indiana | ı |
|---|---------------------|----------------------------------|---------------------------------|
| The following statement shows the salaries and wages proposed the above named office, department, board or agency during the care | to be paid to offic | ers and employe | ees of |
| FULL TIME SALARIED OFFICERS | S AND EMPLOYE | <u>ES</u> | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | - | | |
| | | | |
| Totals | | | |
| PART TIME AND HOURLY RAT | ED EMPLOYEES | 2 | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| | | Per | |
| | - | Per . | |
| | | Per . | |
| | | Per . | |
| * Show rate of pay per month, week, day, hour, etc. | | Per _. | · |
| Submitted By: | | | |
| Date: | | * | |
| | | | |

NOTES:

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | l Position | Pay Ra | nge Schedule Rate of Mthly Pay | High | Rate of Mthly Pay |
|---------------------------------|------------------------|-------------|--------------------------------------|----------------|----------------------|
| COMOT III | Mapping Clerk | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT III | Deputy (Assessor 2) | \$30,393.00 | \$2,532.75 | \$36,253.00 | \$3,021.08 |
| COMOT IV | Administrative Clerk 1 | \$28,682.00 | \$2,390.17 | \$34,153.00 | \$2,846.08 |
| | P/T Clerical | | • | 10.00 per hour | |
| | OASI | | | \$12,000.00 | |
| | PERF | | | \$22,000.00 | |
| | Group Insurance | | | \$108,000.00 | |
| | Unemployment | | | \$700.00 | |
| | PTBOA Per Diem | | | 1000.00 | \$50 per mtg |

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

| RE-ASSESSMENT | , WARRICK | | _ County, Indiana |
|---|--------------------------------------|-------------------------------------|------------------------------------|
| (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proffices, department, board or agency during the calendar years. | oposed to be paid to officers ar. | and employees of t | he above named |
| | | -0 | |
| FULL TIME SALARIES (| OFFICERS AND EMPLOYE | <u> </u> | |
| Title of Position or Employees Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| MANDI SCHOOLER | 1 | \$1,373.35 | \$35,707.01 |
| BETH GILL | 1 | \$1,188.78 | \$30,908.24 |
| MADOLYN O'NEAL | 11 | \$1,142.19 | \$29,696.88 |
| | | | |
| SHANNON WOOLSEY | 1 | \$1,385.23 | \$36,015.92 |
| | | - 1 | |
| | | | |
| | | | |
| | | - 1 | |
| | | | |
| Totals | - | \$5,089.55 | \$132,328.05 |
| Totals | | | |
| PART TIME AND HO | URLY RATED EMPLOYEES | <u> </u> | |
| | | | |
| Title of Position or Employee Classification | | Rate of Pay* | |
| or Employed Glassinsation | | | |
| | \$ | Per | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | · |
| *Show rate of pay per month, week, day, hour, etc | | | |
| | $\int di$ | | |
| | 1 John V | RY | AMON |
| Submitted | By: PUTUL | (\$ignature) | CIVINSON . |
| | | | |
| note 11111023 2017 | | nol mon | |

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | cation and y Position | Pay Range Schedule Rate of Rate Low Mthly Pay High Mthl | | | | |
|----------|--------------------------|---|------------|---------------|------------|--|
| COMOT IV | V Clerical | \$28,682.00 | \$2,390.17 | \$34,153.00 | \$2,846.08 | |
| LTC VI | Instrument Tech(1) | \$29,609.00 | \$2,467.42 | \$34,637.00 | \$2,886.42 | |
| | Summer Help | | | 10.00 per hou | r | |
| | P/T Clerical | | | 10.00 per hou | r | |
| | Per Dlem Commissioners | | | \$50 per mtg | | |
| | PERF | | | \$10,250.00 | | |
| | Attorney | \$3,770.00 | | | | |
| | Group Insurance | | | \$31,000.00 | | |
| | Unemployment | | | \$1,000.00 | | |
| | OASI | | | \$5,750.00 | | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018 Warrick County, Indiana (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department board or agency during the calendar year: FULL TIME SALARIED OFFICERS AND EMPLOYEES Title of Position Rate of Total Annual or Employee Classification Number Monthly Salary Salaries 000-4114.00 000-4121.00 ommissioners (000-4183.00 Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay* Hour Per Hour Per Hour Per Hour *Show rate of pay per month, week, day, hour, etc. Submitted by: (Signature)

Notes:

Date:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, except. | | Pay Rai | nge Schedule | | |
|---------------------------------|-------------------------|-------------|----------------------|---------------|----------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| COMOT II | Office Administrator | \$32,601.00 | \$2,716.75 | \$38,960.00 | \$3,246.67 |
| so | Building Commissioner | | | \$45,110.00 | \$3,759.17 |
| | Part Time Seasonal Help | | | 10.00 per hou | ır |
| | Group Insurance | | | \$36,000.00 | |
| | OASI | | | \$7,285.00 | |
| | PERF | | | \$12,975.00 | |
| | Unemployment | | | \$600.00 | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| PROPOSED TO BE PAID OF | FICERS AND | EMPLOYEES | |
|--|--|---------------------------|---------------------------------|
| CALENDAR YEAR | 2018 | | |
| (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages propabove named office, department board or agency during the cale | osed to be paid t | o officers and employed | dericament. |
| FULL TIME SALARIED OFF | ICERS AND E | MPLOYEES | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| Bldg. Commission-Special Occup. Office Admin./Manager | <u>4117.0</u> 0 <u>4115.5</u> 0 | 3,470.00 2,527.56 | , |
| Fund #4908 Citation fees #132 | | | |
| Totals PART TIME AND HOURLY Title of Position or Employee Classification | RATED EMP | LOYEES Rate of | |
| Dart-time help | 4 | 0 4 4 | Per U.C. |
| | | 1000.00 | Per Hour . |
| | The state of the s | | Per Hour |
| | | | Per Hour |
| Submitted by: | Ourais | I. J. Ali | |

Notes

Date: June 19, 2016

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

(Signature)

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, except. | | Pay Range | | | |
|---------------------------------|--|-------------|----------------------|-------------|----------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| SP EX II | District Foreman | \$48.900.00 | \$4,075.00 | \$51.553.00 | \$4.296.08 |
| LTC | 2 Pay Grade 5 Heavy Equipment Operator | ***** | * ',-' | | Per Hour |
| | Overtime Hourly | | | \$2,000.00 | |
| | OASI | | | \$9,570.00 | |
| | PERF | | | \$18,947.00 | |
| | Group Insurance | | | \$54,000.00 | |
| | Unemployment | | | \$900.00 | |
| | Workmens Compensation | | | \$2,000.00 | |
| | Longevity | | | \$2,500.00 | |
| | Mechanics Tool Allowance | | | 250.00 | |

Date: October 19, 2017

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts County Form No 144

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALE | NDAR YEAR | 2018 | _ | | |
|--|-----------------|--------------|------------------------|-------------|---|
| (Name of Office, Department, Boar | d or Agency) | , | Wa | arrick Cour | nty, Indiana |
| The following statement shows the sala above named office, department board or ag | | | officers and employ | rees of the | |
| FULL TIME | E SALARIED OFFI | CERS AND EM | IPLOYEES | | |
| Title of Position or Employee Classification | 20,12,1,12 | Number | Rate of Monthly Salary | | otal Annual <u>Salaries</u> |
| Foreman | 1135 | -000-4111.00 | \$4248.49 | \$50 | ,981.84 |
| Market and the second s | | | | | |
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| | | | | | *************************************** |
| | | | | | |
| Totals | | | | | |
| | ME AND HOURLY | RATED EMPL | OYEES | | |
| Title of Position or Employee Classification | | | Rate o | f Pay* | |
| | | - | | Per | Hour |
| | | | | Per | Hour . |
| | | | | Per | Hour |
| | - | 0 | Λ | Per | Hour |
| *Show rate of pay per month, week, day, hour, etc. | Submitted by: | | BILL | | |
| D . | | 4 | (Signature) | | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

1175 Misdemenant

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Рау н | lange Sched | ule | |
|---------------------------------|---------------------|-------|----------------------|-------------|-----------------------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| POLE | Civilian Jailer | | 74 | \$32,000.00 | \$2,666.67 5,094 from Jail budget |
| | OASI | | | \$0.00 | |
| | PERF | | | \$0.00 | |
| | Employee Share Perf | | | \$0.00 | |
| | Group Insurance | | | | |
| | Unemployment | | | \$0.00 | |
| | Holiday Pay | | | \$0.00 | |

Date: October 19, 2017

Auditor

County Form No 144

Frescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

2018

CALENDAR YEAR

Warrick County, Indiana (Name of Office, Department, Board or Agency) The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department board or agency during the calendar year: 2018 FULL TIME SALARIED OFFICERS AND EMPLOYEES Title of Position Rate of Total Annual or Employee Classification Number Monthly Salary Salaries Totals PART TIME AND HOURLY RATED EMPLOYEES Title of Position or Employee Classification Rate of Pay* Per Hour Per Hour Per Hour Per Hour *Show rate of pay per month, week, day, hour, etc. Submitted by: (Signature) Date: (Title)

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Oleanis a time and | | Pay Rar | nge Schedule | | D-1 |
|---------------------------------|-------------------------|---------|----------------------|-------------|----------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| | EHS Clerical | | 1 | 10.00 per h | our |
| | OASI | | | \$2,000.0 | 0 |
| | Unemployment | | | \$500.0 | 0 |
| | Animal Control Clerical | | 1 | 0.00 per h | our |

Date: October 19, 2017

. * Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

CALENDAR YEAR 2018

| Health Department - Local Health Maintenance | | V | Varrick Cou | ınty, Indiana |
|--|---|---|--------------|--------------------------------|
| (Name of Office, Department, Board or Agency) | Transport of the second | *************************************** | | |
| The following statement shows the salaries and wages | proposed to be paid | to officers and empl | oyees of the | |
| above named office, department board or agency during the | calendar year: | 2018 | | |
| FULL TIME SALARIED (| OFFICERS AND E | MPLOYEES | | |
| Title of Position or Employee Classification | Number | Rate of Monthly Salary | | otal Annual <u>Salaries</u> |
| | | | | |
| | | | | |
| | | | | |
| | No. of the contract of the contract | | _ | |
| | | | | |
| | | | | |
| | *************************************** | | | |
| | • | Participant | | |
| | | | | |
| Totals | | | | |
| PART TIME AND HOL | IRLY RATED EMI | PLOYFES | | |
| Title of Position | THE TOTAL DELIN | 101110 | | |
| or Employee Classification | | | of Pay* | |
| EHS Clerical | - | \$10.00 | Per | Hour |
| Animal Control Clerical/Poundkeeper | - | \$10.00 | Per | Hour . |
| | 11- | | Per | Hour |
| | // _ | | Per / | Hour |
| *Show rate of pay per month, week, day, hour, etc. Submitted by | : Am | Hur | W | |
| Date: 6-21-2017 | | (Signature | , | |
| Date: 47-40/1 | Health De | partment Admin | istrator | |
| | | (Title) | | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

Economic Dev.

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| recommended, excep | Le _i | Pay F | ange Schedule |) | |
|---------------------------------|-----------------------|-------|----------------------|--------------|----------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| so | Executive Director | | | \$85,902.00 | \$7,158.50 |
| SO | Executive Assistant | | | \$38,146.00 | \$3,178.83 |
| | P/T Receptionist | | | 10.00 per ho | ur |
| | OASI | | | \$15,756.00 | |
| | PERF | | | \$19,730.00 | |
| | Group Insurance | | | \$54,000.00 | |
| | Unemployment | | | \$625.00 | |
| | Workmans Compensation | | | \$800.00 | |
| SO | Park Manager | | | \$37,880.00 | |
| | PT Laborer | | | 10.00 | Per hour |

Date: October 19, 2017

Auditor

County Form No 144

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALENDAR YEAR | 2018 | | |
|---|---------------|--|------------------------------|
| Economic Quu, Door 1/49 (Name of Office, Department, Board or Agenoy) | <u>7</u> , _ | W | arrick County, Indiana |
| The following statement shows the salaries and wages propabove named office, department board or agency during the cale | | d to officers and employ | yees of the |
| FULL TIME SALARIED OFF | ICERS AND I | EMPLOYEES | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly Salary | Total Annual <u>Salaries</u> |
| EVERUTIO DIROCTOR | | 7.158 | 85,900 |
| ELON, DRU, ANMENST | | 2,845 | 34,140 |
| | 1 | *************************************** | • |
| | P. C. | ************************************** | • |
| | | | e) |
| | | 1 | - |
| - | - | h-1 | |
| | - | Principle of the Control of the Cont | |
| | | particular in the second secon | |
| Totals | | | |
| PART TIME AND HOURLY | RATED EM | PLOYEES | |
| Title of Position | | , | ¥* |
| or Employee Classification | | 10 | of Pay* |
| PART TIME MOLEPTIONIST | | 10,00 | Per Hour |
| FREEDRAM PART TIME CONSUM | | 7,25 | Per Hour . |
| MICOMAN PLAT TIME GRAMMI | - | 9,25 | Per Hour |
| AN | | | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. | 0 | | |
| Submitted by: | Mary | 1 anla | |
| - 11-21- | | (Signature) | \$ |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.

(Title)

(3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and | | Pay Range Schedule | | | |
|--------------------|----------------------|--------------------|------------|--|--|
| Pay Grade Position | | Low | High | | |
| | Per Diem | 50 Per Mtg | \$5,000.00 | | |
| | Contractual Services | | \$250.00 | | |

Date: October 19, 2017

Auditor

| 1 | | County, Indiana | |
|---|------------------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | |
| The following statement shows the salaries and wages proposed the above named office, department, board or agency during the cale | o be paid to officendar year | ers and employe | es of |
| FULL TIME SALARIED OFFICERS | AND EMPLOYE | ES | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | | |
| PART TIME AND HOURLY RAT | ED EMPLOYEE | <u>s</u> | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| | | Per | |
| | 7 | Per | |
| | - | . Per | |
| | 8 | Per | , |
| Show rate of pay per month, week, day, hour, etc. | N | . 161 | |
| Submitted By: | | | |
| Pate: | | | |
| | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

1148 Drug Free Community

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and | | Pay R | | | Rate of |
|--------------------|----------------------|-------|----------------------|------------|-----------|
| Pay Grade | Position | Low | Rate of Mthly Pay | High | Mthly Pay |
| | Treatment | | | \$8,000.00 |) |
| | Education Prevention | | | \$8,000.00 |) |
| | Enforcement | | | \$8,000.00 |) |
| | Discretionary | | | \$5,000.00 |) |

Date: October 19, 2017

Auditor

| | | | County, Indiana | |
|--|----------------------|-----------------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | | |
| The following statement shows the salaries and wages propo the above named office, department, board or agency during the | sed to be calenda | e paid to office ar year | ers and employe | es of |
| FULL TIME SALARIED OFFICE | ERS AN | D EMPLOYE | <u>ES</u> | |
| Title of Position or Employee Classification | | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | - | | | |
| | - | | | |
| | _ | | | |
| | - - | | | |
| Totals | - | | | |
| PART TIME AND HOURLY | RATED I | MPLOYEES | | |
| Title of Position or Employee Classification | | | Rate of Pay | |
| | _ | | Per . | |
| | - | | Per Per | |
| | - | | Per | |
| | -: | | Per . | |
| * Show rate of pay per month, week, day, hour, etc. | -,: | | Per _ | |
| Submitted By: | | | | |
| Date: | | | | |
| | | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | Position | Pay R | ange Schedule Rate of Mthly Pay | High | Rate of Mthly Pay |
|---------------------------------|-------------------------|----------|---------------------------------------|-------------|----------------------|
| | Substitute Court Person | | | 10.00 per h | our |
| | Expense | | | \$1,500.00 |) |
| COMOT III | Court Reporter at 80% | \$30,393 | 3 | \$36,253 | 3 |
| | Benefits | | | 4000.00 | |
| | Health Inusramce | | | 9000.00 |) |

Date: October 19, 2017

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

Adult Probation-Circuit, Warrick County, Indiana

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2018:

| <u>FULL TIME SALARIED OFFICERS A</u> Title of Position | ND EMPLOYEES | Rate of | Total Annual |
|---|---------------------------------|----------------|-----------------|
| or Employee Classificiation | <u>Number</u> | Monthly Salary | <u>Salaries</u> |
| | | _ | |
| | | | |
| | | | |
| | | - | |
| | | | |
| | | | |
| | | - | |
| | - | | |
| | | | - |
| | _ | | |
| | _ | | |
| | | | |
| Totals | | = = | \$0.00 |
| | | | |
| PART TIME AND HOURLY RATED | DEMPLOYEES | | |
| Title of Position | | Pote of Pou* | |
| or Employee Classificiation | | Rate of Pay* | |
| Substitute Court Person (Dual Status Coordinator) 110-4189.20 | \$10.25 | Per | Hour |
| | | Per | |
| | | Per _ | 1 |
| * Show rate of pay per month, week, day, hour, etc. | | | |
| | | . / b | 1 |
| Submitted By | /: Grog A Grand | 7// | 17) |
| Date 6-29-, 2017 | Greg A. Grang Judge, Warrich | Circuit Court | |

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | Position | • | ge Schedule Rate of | | Rate of |
|---------------------------------|--------------------------|-----|------------------------|----------------------------|---|
| SO | Director | Low | Mthly Pay | High \$54,590.00 | Mthly Pay \$4,549.17 |
| SO | Field Compliance Officer | | | \$18,025.00 | 1/2 Drug Court Grant1/2 Community Corrections |
| SO | Case Manager | | | \$43,360.00 | • |
| | Workmen's Comp | | | \$500.00 | 1 |
| | Perf | | | \$15,927.00 | |
| | OASI | | | \$10,677.00 | ! |
| | Unemployment | | | \$450.00 | |
| | Health Insurance | | | \$24,000.00 | (|
| | Part Time | | , | 10.00 per hou | r |

| Date: October 19, 2017 | | |
|------------------------|---------|--|
| | Auditor | |

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts County Form No 144

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALENDAR YEAR | 2018 | 8 | |
|--|----------------|---|--------------------------|
| (Name of Office, Department, Board or Agency) | M | Warric | k_County, Indiana |
| The following statement shows the salaries and wages prop | osed to be pa | aid to officers and employees | of the |
| above named office, department board or agency during the cale | | 2018 | |
| | | | -0 M |
| FULL TIME SALARIED OFF | ICERS AND | V)/. / (> | for 8 |
| Title of Position <u>or Employee Classification</u> | Number | Rate of Monthly Salary | Total Annual Salaries |
| Luca Ch. C | 1 | 210011 | 0100000 |
| IXIVEOIN | | 2099.61 | 04,040 |
| Carl Managy | | 1667.68 | 43, 359 9 |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | - | MANAGEMENT OF THE PARTY OF THE | |
| | | | |
| | | - | |
| Totals | Z | | 97,949,9 |
| DART TIME AND LIQUEL | / DATED E | MADI OVETO | |
| PART TIME AND HOURLY Title of Position | RATEDE | WIPLOYEES | |
| or Employee Classification | | Rate of Pa | <u>v*</u> |
| | _ | Pe | r <u>Hour</u> |
| | _ | Pe | r_ Hour . |
| | · | Pe | r Hour |
| | · - | Pei | Hour |
| *Show rate of pay per month, week, day, hour, etc. | - | 0 0 | |
| Submitted by: | | 722 | |
| 1/2/2 | | (Signature) | |
| Date: 4 30 2-01 | | 7-960 | |
| • | | (Title) | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and | | Pay Range S | ange Schedule | |
|--------------------|-----------------------|-------------|---------------|--|
| Pay Grade P | Position | Low | High | |
| | Circuit Jury Fees | | \$5,000.00 | |
| | Superior I Jury Fees | | \$5,000.00 | |
| | Superior II Jury Fees | | \$5,000.00 | |

Date: October 19, 2017

Auditor

| Name of Office, Department, Board or Agency | *************************************** | County, Indiana | |
|--|---|----------------------------------|---------------------------------|
| The following statement shows the salaries and wages proposed to be the above named office, department, board or agency during the calenda | | | es of |
| FULL TIME SALARIED OFFICERS AND | EMPLOYE | <u>ES</u> | |
| Title of Position or Employee Classification | Number | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | - | |
| PART TIME AND HOURLY RATED E | MPLOYEES | <u> </u> | |
| Title of Position or Employee Classification | | Rate of Pay | |
| _ | | Per | |
| | | Per . | |
| | | Per Per | |
| | | Per | |
| * Show rate of pay per month, week, day, hour, etc. | | Per . | |
| Submitted By: | | | |
| Date: | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

1189-000 Recorder Perpetuation

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Pay Range Schedul | e |
|--------------------|-------------------------------|----------------------|---|
| Classification and | | Rate of | Rate of |
| Pay Grade | Position | Low Mthly Pay | High Mthly Pay |
| COMOT III | 1 Deputy 1 at 80% | \$30,393.00 \$2,532. | 75 \$36,253.00 \$3,021.08 |
| COMOT III | 1 Deputy 1 at 200% Expense | \$30,393.00 \$2,532. | 75 \$36,253.00 \$3,021.08 \$5,000.00 |
| | Laredo Expense | | \$5,000.00 |
| | Misc Expense | | \$5,000.00 |
| | Contractual Services | | \$50,000.00 |
| | PERF | | \$6,300.00 |
| | Work Comp | | \$0.00 |
| | Unemployment | | \$400.00 |
| | OASI | | \$2,500.00 |

| | | County, Indiana | |
|--|------------------------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | |
| The following statement shows the salaries and wages proposed the above named office, department, board or agency during the cal | to be paid to offic lendar year | ers and employe | es of |
| FULL TIME SALARIED OFFICERS | AND EMPLOYE | <u>ES</u> | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | | |
| PART TIME AND HOURLY RAT | TED EMPLOYEES | <u> </u> | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| | - | Per | |
| | | Per | |
| | | Per | |
| | | Per Per | |
| * Show rate of pay per month, week, day, hour, etc. | | , 5. | - |
| Submitted By: | | | |
| Date: | 4.4.0 | | |
| | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

1119 Clerk Perpetuation

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Pay Range Schedule

Classification and Rate of Rate of
Pay Grade Position Low Mthly Pay High Mthly Pay

Expense \$20,000.00

Date: October 19, 2017

| Name of Office, Department, Board or Agency | | County, Indiana | |
|---|--|----------------------------------|---------------------------------|
| | | | |
| The following statement shows the salaries and wages proporthe above named office, department, board or agency during the | osed to be paid to office e calendar year | ers and employe | es of |
| FULL TIME SALARIED OFFIC | ERS AND EMPLOYER | <u> </u> | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | | |
| PART TIME AND HOURLY | RATED EMPLOYEES | | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| | | Per | |
| | | Per | |
| | _ | Per Per | |
| | _ | Per | - |
| * Show rate of pay per month, week, day, hour, etc. | | | |
| Submitted By: _ | | | |
| Date: | | | |
| | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | Pay Range Sci Position Rate of | | Range Scheo | lule | Rate of |
|---------------------------------|-----------------------------------|-----|-------------|--------------------|--------------------------|
| r ay orado | Employee Bonus | Low | Mthly Pay | High \$3,750.00 | Mthly Pay |
| | Perf | | | \$2,000.00 | |
| | OASI | | | \$1,400.00 | |
| | Witness Fees | | | \$0.00 | |
| | County Grant Voca subsidy | | | \$25,879.00 | |
| Comot I | Charging Paralegal | | | \$4,564.00 | \$30,643 from Prosecutor |
| | Group Insurance | | : | \$36,000.00 | |

Date: October 19, 2017
Auditor

County Form No 144

Prescribed by the Department of Local Government Finance
Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

| CALENDAR YEAR | 2018 | |
|--|----------------|---|
| Prosecutor | _, _ | Warrick County, Indiana |
| (Name of Office, Department, Board or Agency) | | |
| The following statement shows the salaries and wages proportion | osed to be pai | id to officers and employees of the |
| above named office, department board or agency during the cale | ndar year: | 2018 |
| FULL TIME SALARIED OFF | ICERS AND | EMPLOYEES |
| Title of Position or Employee Classification | Number | Rate of Total Annual Monthly Salary Salaries 60, 706 |
| little LV-D Case Mgs s | 2 | 39,516 |
| Title IV-D Administrator | | 34,189 34, 873 |
| Voca Grant Felony Victim's Asit Voca Grant Misdemenor V. Asit | | 45,283 |
| Voca Grant Misdemenor V.Asst | | 29,757 |
| | | |
| | | |
| | | |
| Totals | _5 | 170,619 |
| PART TIME AND HOURL' | Y RATED EN | MPLOYEES |
| Title of Position or Employee Classification | | Rate of Pay* |
| | _ | Per Hour |
| | <u>-</u> | Per Hour . |
| | _ | Per Hour |
| | | Per Hour |
| *Show rate of pay per month, week, day, hour, etc. | | |
| Submitted by: | | 11/5 |
| Date: 6/30/17 | | (Signature) |
| Date: 6/30/17 | | 1 10 DELV TOV |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

8705 Voca Grant

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

COMOT III

Classification and

Pay Grade

Position

Victim's Assistant

Pay Range Schedule

Rate of

Rate of

ow Mthly Pay High

Mthly Pay

30393.00

\$36,253.00 Portion Paid from Pretrial

| Date: October 19, 2017 | |
|------------------------|---------|
| | Auditor |

| Name of Office, Department, Board or Agency | | County, Indiana | |
|---|-----------------|----------------------------------|---------------------------------|
| The following statement shows the salaries and wages propose the above named office, department, board or agency during the c | | | es of |
| FULL TIME SALARIED OFFICER | RS AND EMPLOYEE | <u>s</u> | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | | |
| PART TIME AND HOURLY RA | ATED EMPLOYEES | | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| | - | Per | |
| | | Per Per | |
| | | Per | |
| * Show rate of pay per month, week, day, hour, etc. | | Per | |
| Submitted By: | | | |
| Date: | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

1200 Public Defender

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Classification and

Pay Grade

Position

Pay Range Schedule

Rate of

Rate of

Low

Mthly Pay High

Mthly Pay

\$8,000.00

Public Defender Fees

| Date: October 19, 2017 | | |
|------------------------|---------|--|
| | Auditor | |

| | 1 | | County, Indiana | |
|---|-----------------------------|----------------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | | |
| The following statement shows the salaries and wages pr the above named office, department, board or agency during | oposed to be the calenda | e paid to offic ar year | cers and employe | es of |
| FULL TIME SALARIED OF | FICERS AN | D EMPLOYE | ES | |
| Title of Position or Employee Classification | | Number | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | | |
| | | Section 1997 | | |
| | | | | |
| | | | | |
| | | | - | |
| | | | | |
| | | | | |
| | | | | |
| | | - | | |
| Totals | | | | |
| PART TIME AND HOUR | LY RATED | EMPLOYEES | <u>s</u> | |
| Title of Position | | | D-1(D | |
| or Employee Classification | | | Rate of Pay | |
| | | | Per | |
| | | 9 | Per | |
| | | 7 | Per Per | |
| | | | Per . | |
| | | | Per | |
| w rate of pay per month, week, day, hour, etc. | | | | |
| Submitted Bv: | | * | | |
| : | | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

Prosecutor Grant Drug Crime

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Classification and

Pay Grade

Position

Pay Range Schedule

Rate of w Mthly Pay Rate of

Lov

High Mthly Pay

\$59,008.00 \$13,476 from Prosecutor budget

Attorney Benefits

\$17,555.00

| Date: October 19, 2017 | | |
|------------------------|---------|--|
| | Auditor | |

| | | County, Indiana | |
|---|------------------|----------------------------------|---------------------------------|
| Name of Office, Department, Board or Agency | | | |
| The following statement shows the salaries and wages proposed to the above named office, department, board or agency during the calen | be paid to offic | ers and employe | es of |
| FULL TIME SALARIED OFFICERS A | AND EMPLOYE | <u>ES</u> | |
| Title of Position or Employee Classification | <u>Number</u> | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | | | |
| PART TIME AND HOURLY RATE | D EMPLOYEES | <u> </u> | |
| Title of Position or Employee Classification | | Rate of Pay | |
| | | Per | |
| Show rate of pay per month, week, day, hour, etc. | | Per | |
| | | | |
| Submitted By: | • | | |
| Date: | | | |
| | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

Rainy Day

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Classification and

Pay Grade

Position

Pay Range Schedule

Mthly Pay

Rate of

Rate of Mthly Pay

Health Insurance

High \$300,000.00

Date: October 19, 2017
Auditor

| | | County, Indiana | | |
|---|-----------|----------------------------------|---------------------------------|--|
| Name of Office, Department, Board or Agency | | | | |
| The following statement shows the salaries and wages proposed to be the above named office, department, board or agency during the calend | | | es of | |
| FULL TIME SALARIED OFFICERS AN | D EMPLOYE | <u>ES</u> | | |
| Title of Position or Employee Classification | Number | Rate of Monthly <u>Salary</u> | Total Annual <u>Salaries</u> | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals | | | | |
| PART TIME AND HOURLY RATED | EMPLOYEES | <u> </u> | | |
| Title of Position or Employee Classification | | Rate of Pay | | |
| | | Per | | |
| | | Per Per | | |
| | | Per | | |
| | | Per Per | | |
| * Show rate of pay per month, week, day, hour, etc. | | | | |
| Submitted By: | | | | |
| Date: | | | | |

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be included in these statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

ID Security Protection

CERTIFICATE OF COUNTY AUDITOR

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

Classification and Pay Grade

Position

Pay Range Schedule

Rate of Low Mthly Pay Rate of High Mthly Pay

CISP Expense

\$15,000.00

Date: October 19, 2017
Auditor

| Market and the second s | |
|--|--|
| | |
| | Submitted By: |
| | * |
| Per | Show rate of pay per month, week, day, hour, etc. |
| Per | |
| Per | |
| | |
| | |
| Per | |
| Rate of Pay | Title of Position <u>or Employee Classification</u> |
| RATED EMPLOYEES | YJRUOH GNA BMIT TRAA |
| | sistoT |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u>Aumber Salary Salaries</u> | or Employee Classification |
| Rate of Monthly Total Annual | Title of Position |
| EERS AND EMPLOYEES | FULL TIME SALARIED OFFIC |
| osed to be paid to officers and employees of | The following statement shows the salaries and wages prop. the above named office, department, board or agency during th |
| | Name of Office, Department, Board or Agency |
| County, Indiana | |

1 This statement must be filled IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to

NOTES:

be paid in the ensuing year.

2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employeed is limited only by the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be the funds appropriated therefore; the amount to be requested in the budget for part time and hourly employees need not be the funds appropriated therefore.

included in these statement.

3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, hosel department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department, and return one copy to the officer or head of the department.

board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| | | Pay Ra | ange Schedule | | |
|---------------------------------|-------------------------------------|--------|----------------------|------------|----------------------|
| Classification and Pay Grade | Position | Low | Rate of Mthly Pay | High | Rate of Mthly Pay |
| | | | | | |
| SO | Circuit Court Adult Probation | | | \$2,827.00 | \$235.58 |
| SO | Circuit Court Juvenile Probation | | | \$2,827.00 | \$235.58 |
| SO | Superior Court I Adult Probation | | | \$8,109.00 | \$675.75 |
| SO | Superior Court I Juvenile Probation | | | \$2,336 | \$194.67 |
| so | Superior Court II Adult Probation | | | \$0.00 | \$0.00 |
| | Benefits | | | \$6,000.00 | \$500.00 |

Date: October 19, 2017

CALENDAR YEAR

County Form No 144

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES

2018

| Adula Parbutin Adw (Name of Office, Department, Board or Agency) | 1, | | a <mark>rrick</mark> Cou | inty, Indiana |
|--|-----------|-----------------------------------|--------------------------|--------------------------------|
| The following statement shows the salaries and wages proper above named office, department board or agency during the cale | | 2018 | | |
| FULL TIME SALARIED OFF | ICERS AND | EMPLOYEES . | 1,700 | |
| Title of Position or Employee Classification | Number | EMPLOYEES Rate of Monthly Salary | ,(V | otal Annual <u>Salaries</u> |
| Chief Probation Officer Probation Officer | 1 | 311.69 | \frac{5}{2} | 3104°D |
| | | | | |
| | | | | |
| | | | | |
| Totals | 2 | | 10 | ,67400 |
| PART TIME AND HOURLY | RATED EN | <u>MPLOYEES</u> | | |
| Title of Position or Employee Classification | | Rate o | of Pay* | |
| | _ | | Per | Hour |
| | | | Per | Hour . |
| | | | Per | Hour |
| | _ | | Per | Hour |
| *Show rate of pay per month, week, day, hour, etc. Submitted by: | | 1302 | Q | |
| Date: 6/30/2017 | | (Signature) | | |

Notes:

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I hereby certify that on the 19th day of October, year 2017, the County Council adopted an ordinance which include the fixing of salaries and wages of the officers and employees listed on the opposite side hereof in the amounts recommended, except:

| Classification and Pay Grade | Position | Pay Range Sched Rate of Low Mthly Pay | ule Rate of High Mthly Pay |
|---------------------------------|-------------------------|---|----------------------------------|
| | Substitute Court Person | | 10.00 per hour |
| | Expense | | \$1,500.00 |
| COMOT III | Court Reporter at 80% | \$30,393 | \$36,253 |
| | Benefits | | 4000.00 |
| | Health Inusramce | | 9000.00 |

Date: October 19, 2017

Prescribed by the Department of Local Government Finance Approved by State Board of Accounts

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2018

Adult Probation-Circuit, Warrick County, Indiana

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2018:

| FULL TIME SALARIED OFFICERS AN | D EMPLOYEES | | |
|--|--|---------------------------|--------------------------|
| Title of Position or Employee Classificiation | Number | Rate of Monthly Salary | Total Annual Salaries |
| or Employee Classification | Number | WOILING Salary | Galaries |
| | | - | |
| | | | |
| | | | |
| | | | |
| Contract of the Contract of th | | | |
| | Books and the state of the stat | | |
| | | - | |
| | | - | |
| | | | |
| | | | |
| | | | |
| | | | |
| Totals | (All All All All All All All All All All | - | \$0.00 |
| , | | = = | Ψ0.00 |
| PART TIME AND HOURLY RATED | EMPLOYEES | | |
| | | | |
| Title of Position <u>or Employee Classificiation</u> | | Rate of Pay* | |
| | | | |
| Substitute Court Person (Dual Status Coordinator) 110-4189.20 | \$10.25 | Per | Hour |
| | | Per | |
| * Show rate of pay per month, week, day, hour, etc. | | / | |
| | 1 | / 4 | 4 |
| Submitted By: | 4/ | 11/ | 1 |
| 1.29 | Greg A. Grand | er Circuit Court | 7) |
| Date | Judge, Warrick | Circuit Court | |

- (1) This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- (2) The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- (3) The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.